ALBERTA HEALTH

ALBERTA HEALTH CARE INSURANCE PLAN STATISTICAL SUPPLEMENT

2015/2016

Alberta
Government

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Alberta Health Care Insurance Plan
Statistical Supplement
2015/2016

TABLE OF CONTENTS

PAGE

1 Introduction

3 Year at a Glance

5 Section 1: Registration

5	**Summary and Highlights**	
6	**Explanatory Notes**	
7	Table 1.1	Number of Registrations and Population Covered as at March 31, 2012 to March 31, 2016
7	Table 1.2	Number of Registrations and Population Covered as at March 31, 2016
8	Table 1.3 A	Distribution of Population by Age and Sex as at March 31, 2012 to March 31, 2016
9	Table 1.3 B	Distribution of Population Percentage Change by Age and Sex as at March 31, 2012 to March 31, 2016
10	Figure 1.1	Distribution of Population by Age and Sex as at March 31, 2016
10	Figure 1.2	Population by Age and Sex as at March 31, 2012 to March 31, 2016
11	Figure 1.3	Population Percentage Change by Age and Sex as at March 31, 2012 to March 31, 2016

12 Section 2: Basic Health Services

(Physicians and Allied Health Practitioners)

12	**Summary and Highlights**	
14	Table 2.1	Distribution of Physician and Allied Health Practitioners Payments and Services per Patient, for the Service Year April 1, 2015 to March 31, 2016
14	Figure 2.1	Average Fee-For-Service Cost per Person to Physicians for Basic Health Services by Age and Sex for the Service Year April 1, 2015 to March 31, 2016

15 Figure 2.2 Average Fee-For-Service Cost per Person to Allied Health Practitioners for Basic Health Services by Age and Sex for the Service Year April 1, 2015 to March 31, 2016

15 Figure 2.3 Average Number of Services per Person for Basic Health Services for the Years Ended March 31, 2012 to March 31, 2016

16 **Explanatory Notes**

17 Table 2.2 Manual Payments for the Business Cost Program and Rural Remote Northern Program Made to Alberta Physicians for the Service Years March 31, 2012 to March 31, 2016

18 Table 2.3 Distribution of Physician Payments by Program and Specialty for the Service Year April 1, 2015 to March 31, 2016

19 Table 2.4 Medical and Allied Practitioners: Selected Indicators for the Service Years Ended March 31, 2012 to March 31, 2016

21 Table 2.5 Number of Services and Total Payments to Allied Health Practitioners by Service Category Code for the Service Year April 1, 2015 to March 31, 2016

21 Table 2.6 A Number of Physicians and Average Payments to Physicians within their Age Group for the Service Years Ended March 31, 2012 to March 31, 2016

22 Table 2.6 B Number of Dentists/Dental Specialists/Oral Surgeons and Average Payments to Dentists/Dental Specialists/Oral Surgeons within their Age Group for the Service Years Ended March 31, 2012 to March 31, 2016

23 Table 2.6 C Number of Optometrists and Average Payments to Optometrists within their Age Group for the Service Years Ended March 31, 2012 to March 31, 2016

24 Table 2.6 D Number of Podiatrists and Average Payments to Podiatrists within their Age Group for the Service Years Ended March 31, 2012 to March 31, 2016

25 Table 2.7 Distribution of Optometry Payments and Services per Patient for the Service Years Ended March 31, 2012 to March 31, 2016

26 Table 2.8 Total and Average Gross Payments to Physicians and Allied Health Practitioners by Practitioner Type for the Service Years Ended March 31, 2012 to March 31, 2016

27 Table 2.9 Distribution of Physicians and Allied Health Practitioners by Gross Payment Range for the Service Years Ended March 31, 2012 to March 31, 2016

29 Table 2.10 Distribution of Physician Payments and Services per Patient for the Service Years Ended March 31, 2012 to March 31, 2016

29 Table 2.11 Distribution of Discrete Patients by Payment Range for Services Provided by Physicians for the Service Year April 1, 2015 to March 31, 2016

30 Table 2.12A Distribution of Fee-for-Service Physicians by Specialty for the Service Years Ended March 31, 2012 to March 31, 2016

31 Table 2.12 B Distribution of Average Gross Payments for the Service Years Ended March 31, 2012 to March 31, 2016

33 Table 2.12 C Distribution of Median Gross Payments for the Service Years Ended March 31, 2012 to March 31, 2016

35 Table 2.13 Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2015 to March 31, 2016
40 Table 2.14 Number of Full-Time Equivalent Physicians by Specialty for the Service Year April 1, 2015 to March 31, 2016
42 Table 2.15 Distribution of Physician Payments by Type of Service and Specialty for the Service Year April 1, 2015 to March 31, 2016
46 Table 2.16 Top 50 Health Service Codes based on Physician Fee-for-Service Payments for the Service Year April 1, 2015 to March 31, 2016
51 Table 2.17 Physician Services and Payments per 1,000 Insured Persons by Type of Service, and Patient Age and Sex for the Service Year April 1, 2015 to March 31, 2016
54 Table 2.18 Percentage Change to Rates in the Schedule of Medical Benefits by Specialty for the Years Ended March 31, 2012 to March 31, 2016
55 Table 2.19 Basic Health Services: Percentage Changes to Rates in the Schedule of Benefits for the Years Ended March 31, 2012 to March 31, 2016
57 Table 2.20 Alternative Relationship Plans (ARP) Summary by Type for the Service Year April 1, 2015 to March 31, 2016
58 Table 2.21 Top 50 Health Service Codes Physician Service Events Submitted by Alternative Relationship Plans (ARPs) for Service Year April 1, 2015 to March 31, 2016
62 Table 2.22 Distribution of Physicians by Specialty Based on Service Events Submitted by Alternative Relationship Plans (ARPs) for Service Years Ended March 31, 2012 to March 31, 2016
64 Table 2.23 Distribution of Alternative Relationship Plan (ARP) Service Events by Specialty for Service Years Ended March 31, 2012 to March 31, 2016
65 Table 2.24 A Distribution of In Province Medical Reciprocal Payments for Service Years Ended March 31, 2012 to March 31, 2016
66 Table 2.24 B Distribution of In Province Medical Reciprocal Services for Service Years Ended March 31, 2012 to March 31, 2016
67 Table 2.24 C Distribution of Discrete Patients for In Province Medical Reciprocal Services for Service Years Ended March 31, 2012 to March 31, 2016
68 Table 2.25 Out-of-Province Basic Health Care Services: Distribution of Payments, Number of Services, and Discrete Patients for Service Years Ended March 31, 2012 to March 31, 2016
70 Table 2.26 Out-of-Country Basic Health Services: Distribution of Payments, Number of Services, and Discrete Patients for the Service Years ended March 31, 2012 to March 31, 2015
71 Table 2.27 Out-of-Country Health Services Program: Applications Reviewed by Out-of-Country Health Services Committee/Appeal Panel for the Service Years Ended March 31, 2012 to March 31, 2016
71 Table 2.28 Out-of-Country Health Services Program: Payments Made for Approved Applications by Out-of-Country Health Services Committee/Appeal Panel for the Service Years Ended March 31, 2012 to March 31, 2016

73 Table 2.29 Primary Care Networks: Distribution of Primary Care Providers, Number of Patients, and Total Payments by Alberta Health Services Geographic Zone for the Service Year April 1, 2015 to March 31, 2016

75 Section 3: Regional Data

75 **Summary and Highlights**

76 **Explanatory Notes**

77 Map 3.1 Distribution of Population Covered by Alberta Health Services Geographic Zones

78 Map 3.2 Alberta Population by Local Geographic Area

79 Table 3.1 Distribution of Population Covered by Local Geographic Area (LGA) as at March 31, 2016

84 Map 3.3 Fee-for-Service Payments per Discrete Patient by Local Geographic Area

85 Table 3.2 Distribution of Payments per Discrete Patient by Local Geographic Area (LGA) for the Service Year April 1, 2015 to March 31, 2016

90 Table 3.3 Distribution of Services, Discrete Patients, and Physicians by Local Geographic Area for the Service Year April 1, 2015 to March 31, 2016

94 Table 3.4 A Distribution of Payments by Practitioner Type and Alberta Health Services Geographic Zone Service Location and Recipient Location for the Service Year April 1, 2015 to March 31, 2016

95 Table 3.4 B Number of Services by Practitioner Type and Alberta Health Services Geographic Zone Service Location and Recipient Location for the Service Year April 1, 2015 to March 31, 2016

96 Table 3.4 C Number of Discrete Patients by Practitioner Type and Alberta Health Services Geographic Zone Service Location and Recipient Location for the Service Year April 1, 2015 to March 31, 2016

97 Figure 3.1 Fee-for-Services Physician Payments, Services, and Discrete Patients by Alberta Health Services Geographic Zone for the Service Years Ended March 31, 2012 to March 31, 2016

98 Table 3.5 Distribution of Payments by Diagnostic Chapter (ICD9) and Alberta Health Services Geographic Zone Service Location for the Service Year April 1, 2015 to March 31, 2016

99 Table 3.6 Distribution of Physicians with Total Payments of $10,000 and Over, and Average Payments by Alberta Health Services Geographic Zone for the Service Year April 1, 2015 to March 31, 2016

100 Table 3.7 A Number of General/Family Physicians by Payment Range and Alberta Health Services Geographic Zone Service Location for the Service Year April 1, 2015 to March 31, 2016

101 Table 3.7 B Number of Specialist by Payment Range and Alberta Health Services Geographic Zone Service Location for the Service Year April 1, 2015 to March 31, 2016

102 Table 3.8 Number of Physicians by Specialty Within Alberta Health Services Geographic Zones for the Service Year April 1, 2015 to March 31, 2016

103 Table 3.9 Distribution of Alternative Relationship Plan (ARP) Service Events and Discrete Patients by Alberta Health Services Geographic Zones for the Service Year April 1, 2015 to March 31, 2016

104 Table 3.10 Distribution of Allied Practitioner Services and Payments by Alberta Health Services Geographic Zones for the Service Year April 1, 2015 to March 31, 2016

105 Figure 3.2 Dentists/Dental Specialists/Oral Surgeons Payments, Services, and Discrete Patients by Alberta Health Services Geographic Zone for the Service Years Ended March 31, 2012 to March 31, 2016

106 Figure 3.3 Optometrists Payments, Services, and Discrete Patients by Alberta Health Services Geographic Zone for the Service Years Ended March 31, 2012 to March 31, 2016

107 Figure 3.4 Podiatrists Payments, Services, and Discrete Patients by Alberta Health Services Geographic Zone for the Service Years Ended March 31, 2012 to March 31, 2016

108 Section 4: Non-Group Supplementary Plans

108 **Summary and Highlights**

110 Figure 4.1 Non-Group Supplementary Coverage: Average Net Payment for Drugs per Recipient by Coverage Category for the Service Year April 1, 2015 to March 31, 2016

110 **Explanatory Notes**

111 Table 4.1 Non-Group Supplementary Coverage: Number of Registrations and Persons Covered by Level of Premium Payment as at March 31, 2012 to March 31, 2016

111 Table 4.2 Non-Group Supplementary Coverage: Number of Registrations and Persons Covered by Coverage Category and Level of Premium Payment as at March 31, 2012 to March 31, 2016

113 Table 4.3 Non-Group Supplementary Coverage: Persons Covered by Age and Sex as at March 31, 2012 to March 31, 2016

114 Table 4.4 Non-Group Supplementary Coverage: Number of Discrete Recipients and Net Payment by Coverage Category, Level of Premium Payment and Type of Service for the Year April 1, 2015 to March 31, 2016

115 Table 4.5 Non-Group Supplementary Coverage: Number of Prescriptions and Net Payment by Prescription Type and Coverage Category for the Year April 1, 2015 to March 31, 2016

115 Table 4.6 Number and Percentage Change of Licensed Community Pharmacies in Alberta as at March 31, 2012 to March 31, 2016

116 Table 4.7 Non-Group Supplementary Coverage: Ten Highest Prescription Drug Expenditures by Net Payment and Coverage Category for the Year April 1, 2015 to March 31, 2016

118 Table 4.8 Non-Group Supplementary Coverage: Cost of Prescription by Broad Drug Category for the Year April 1, 2015 to March 31, 2016

119 Table 4.9 Non-Group Supplementary Coverage: Number of Prescriptions and Prescription Cost Components by Coverage Category (Direct Bill Claims Only) for the Year April 1, 2015 to March 31, 2016

120 Glossary/Definitions

Introduction

The Alberta Health Care Insurance Plan

The Alberta Health Care Insurance Plan (ACHIP) is a publicly funded health care plan. It was established in accordance with the *Canada Health Act* principles of public administration, comprehensiveness, universality, portability and accessibility.

The AHCIP provides two types of coverage to registered Albertans. They are:

- Basic health coverage for insured services provided by physicians, dentists/dental specialists/oral surgeons and hospitals, and limited coverage for services provided by optometrists and podiatrists. All eligible residents of Alberta are required to register for AHCIP coverage, but residents have the option to opt out.

- Supplementary health insurance through non-group supplementary plans for pharmaceutical and selected health service coverage. The supplementary plans included in this report cover some services beyond those insured by the AHCIP, which are funded by Alberta Health and administered by Alberta Blue Cross. From April 1, 2015 to March 31, 2016, coverage was available to all Albertans under the age of 65 and their dependants, subject to the payment of a monthly premium. During the same period, premium-free coverage was provided to seniors and their dependants, and to recipients of the Alberta Widows' Pension and their dependants. In addition, premium-free drug coverage was provided to people diagnosed as being palliative and who received health care in their homes.

Information included in the Statistical Supplement

The Statistical Supplement is an accompaniment to the *Ministry of Health Annual Report 2015/2016* and includes data on the number of people registered with the AHCIP, payments made by the AHCIP to Alberta physicians and allied health practitioners (dentists/dental specialists/oral surgeons, optometrists and podiatrists) for services provided to Albertans and non-Albertans, and payments for services provided to Albertans while they are out of the province or country. The Statistical Supplement also reports data on the non-group supplementary health insurance plans.

Data reported in the Statistical Supplement

This edition of the Statistical Supplement reports new data for the period April 1, 2015 to March 31, 2016. Where possible, data reports over a five-year period to facilitate long-term comparisons.

The majority of data are reported on a date-of-service basis, with the exception of Section 4, Non-Group Supplementary Plans, which reports data on a date-of-payment basis.

Note: Some data in the Statistical Supplement may differ from data reported in the Annual Report. The Statistical Supplement uses claims payment data, based on date of service, from the Claims Assessment System, while the Annual Report uses financial statement data, based on date of payment, from the Alberta Government Integrated Management Information System.

Information not included in the Statistical Supplement

The following information is not included in the Statistical Supplement:

- AHCIP payments for hospital services Albertans received in other Canadian provinces/territories; and
- Services and costs (e.g. hospital and home care services and costs) provided by Alberta Health Services.

The *Ministry of Health Annual Report 2015/2016* provides a range of financial information pertaining to Alberta Health Services. A copy of the Annual Report can be found on the Alberta Health website at www.health.alberta.ca.

Note: This document reflects the fiscal year April 1, 2015 to March 31, 2016. Explanations of data and coverage may not be applicable for periods after March 31, 2016.

Year at a Glance

	2014/2015	2015/2016
Albertans covered under the Alberta Health Care Insurance Plan	4,354,660	4,449,483
Non-Seniors	3,810,882	3,881,318
Seniors	543,778	568,165
Amount paid to Alberta practitioners (fee-for-service)	$3,111,850,861	$3,424,270,481
Physicians	$3,033,392,142	$3,336,009,256
Allied Health Practitioners	$78,458,718	$88,261,224
Average annual fee-for-service payment		
All Physicians (except Pathology)	$370,516	$388,158
All Specialists (except General/Family Physicians and Pathology)	$476,082	$500,385
General/Family Physicians	$286,194	$299,827
Number of practitioners who submitted fee-for-service claims	9,139	9,582
Physicians (including General Practitioners) (1)	8,176	8,585
General Practitioners	4,537	4,795
Dentists/Dental Specialists/Oral Surgeons	221	215
Optometrists	675	716
Podiatrists	67	66
Number of physicians by gross payment range (fee-for-service) (2)		
Less than $500,000	6,305	6,445
More than $500,000	1,871	2,140
More than $1 million	363	413
More than $2 million	88	112
Alternative Relationship Plans		
Total Expenditures	$320,316,871	$352,106,634
Total Alternative Relationship Plans	47	53
Total Physicians (1)	1,971	2,308
Primary Care Networks		
Total Payments	$205,335,196	$163,212,780
Total Primary Care Networks	42	42
Total Physicians (1)	3,564	3,836
Total Patients Enrolled	3,348,178	3,483,180
Allied health services provided (fee-for-service)		
Total Number of Services Provided	1,457,870	1,757,384
Average Number of Services per Practitioner	1,514	1,763

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(1) *Fee-for-service, alternative relationship plan and primary care network total physicians cannot be added together to obtain a total physician count as alternative relationship plan and primary care network physicians may or may not already be included in the fee-for- service physician count.*

(2) *These statistics cannot be used as an accurate measure of a practitioner's personal income, because they do not depict other sources of income and the figures quoted are payments from which practitioners pay business expenses, such as office and staff expenses.*

	2014/2015	2015/2016
Percentage of payments to physicians for patients who received services within the zone they reside in		
South Zone	83.48%	83.53%
Calgary Zone	96.74%	96.75%
Central Zone	69.34%	69.77%
Edmonton Zone	96.69%	96.80%
North Zone	64.64%	64.84%
Unknown Zone	3.35%	4.46%
Amount spent on Non-Group Supplementary coverage	$743,168,188	$816,853,146
Non-seniors	$183,231,465	$228,752,021
Seniors	$558,359,119	$586,330,958
Alberta Widows' Pension	$476	$0
Palliative Care	$1,577,128	$1,770,167
Number of community-based pharmacies in Alberta	1,107	1,164

Section 1

Registration

Summary

This section provides statistics on the number of Albertans covered under the Alberta Health Care Insurance Plan (AHCIP) for basic health services. The tables provide registration data by age and sex, as at March 31, 2016.

Highlights

- A total of 4,449,483 Albertans were registered for basic coverage. This is an increase of 2.18%, compared to 2014/2015. Included in this total are 82,152 individuals who have temporary Canada entry documents (e.g. work permits, study permits) and are registered with the AHCIP, compared to 104,335 individuals in 2014/2015.

- In 2015/2016, there were 248 Albertans who chose to opt out of the AHCIP compared to 249 in 2014/2015.

Explanatory Notes

Registrations

Alberta Health Care Insurance Plan registration data are based on the number of active registrations as at the last day of the fiscal year (March 31). Individuals registered with the AHCIP for part of the year, but not on March 31, are excluded. The number of registrations differs from the number of people covered. The number of people covered under one registration ranges from one (single coverage) to two or more (family coverage). Details regarding the number of registrations are available in Tables 1.1 and 1.2.

The population data reported in the Statistical Supplement differs from Statistics Canada provincial population estimates because:

- Alberta Health continually updates AHCIP data.
- Persons who are temporarily absent from the province or who have left the province permanently, but retain their coverage for a period of three months (up to March 31), are included in the data.

Members of the Canadian Armed Forces and inmates of federal penitentiaries are covered by the federal government. These groups are not entitled to AHCIP coverage and are not included in the AHCIP data. Members of the Royal Canadian Mounted Police were covered by the federal government until March 31, 2013, and not entitled to AHCIP coverage. As of April 1, 2013, RCMP members are covered under the AHCIP and included in the data.

Opting Out

Albertans may opt out of the AHCIP at any time. These individuals and their dependants are responsible for paying all of their health care expenses. The Opt Out program is a renewable three-year term and the resident has the option to rescind their decision to opt out during this period.

Non-Seniors Category

Alberta Health provides premium-free AHCIP coverage to individuals who are under 65 years of age. Non-Group Supplementary coverage is available upon payment of a monthly premium. Section 4 provides more information on Non-Group Supplementary Plans.

Seniors Category

Alberta Health provides premium-free AHCIP and Non-Group Supplementary Plan coverage to all Alberta seniors and their dependants, regardless of income. Refer to Section 4, Non-Group Supplementary Plans, for more details about Non-Group Supplementary coverage.

Alberta Widows' Pension Category

Prior to April 1, 2004, lower income widows or widowers, aged 55 to 64, could apply for financial, health care and housing assistance through the Alberta Widows' Pension plan. As of April 1, 2004, no new applications have been accepted and Albertans who inquire about the Alberta Widows' Pension are directed to appropriate income support programs. As of 2014/2015, there are no Alberta Widows' Pension recipients registered.

Table 1.1

Number of Registrations and Population Covered

as at March 31, 2012 to March 31, 2016 (1)

Population Categories	Number of Registrations					Percentage Change			
	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	2012/2013	2013/2014	2014/2015	2015/2016
Non-Seniors	1,745,659	1,838,605	1,933,466	2,004,711	2,045,999	5.32	5.16	3.68	2.06
Seniors	318,412	333,652	349,078	364,569	380,680	4.79	4.62	4.44	4.42
Alberta Widows' Pension	164	68	9			(58.54)	(86.76)	(100.00)	
Total	2,064,235	2,172,325	2,282,553	2,369,280	2,426,673	5.24%	5.07%	3.80%	2.42%

Population Categories	Population Covered					Percentage Change			
	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	2012/2013	2013/2014	2014/2015	2015/2016
Non-Seniors	3,436,942	3,571,448	3,707,797	3,810,882	3,881,318	3.91	3.82	2.78	1.85
Seniors	473,004	496,546	520,319	543,778	568,165	4.98	4.79	4.51	4.48
Alberta Widows' Pension	171	68	9			(60.23)	(86.76)		
Total	3,910,117	4,068,062	4,228,125	4,354,660	4,449,483	4.04%	3.93%	2.99%	2.18%

(1) A blank cell represents a zero value.

Table 1.2

Number of Registrations and Population Covered

as at March 31, 2016

Registration Status	Total		Single		Family	
	Registrations	Population	Registrations	Population	Registrations	Population
Non-Seniors	2,045,999	3,881,318	1,177,338	1,177,338	868,661	2,703,980
Seniors	380,680	568,165	199,907	199,907	180,773	368,258
Total	2,426,679	4,449,483	1,377,245	1,377,245	1,049,434	3,072,238

Table 1.3 A
Distribution of Population by Age and Sex
as at March 31, 2012 to March 31, 2016

Age Group	Total Male and Female					Male					Female				
	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Under 1	51,133	52,849	53,927	55,465	56,401	26,320	27,284	27,636	28,438	28,514	24,813	25,565	26,291	27,027	27,887
1 - 4	213,351	218,800	223,344	225,392	228,439	109,605	112,529	115,049	115,970	117,484	103,746	106,271	108,295	109,422	110,955
5 - 9	240,403	255,257	269,447	282,619	292,038	122,989	130,600	138,026	144,863	149,941	117,414	124,657	131,421	137,756	142,097
10 - 14	230,153	235,851	242,640	248,928	256,698	118,042	120,898	124,299	127,541	131,374	112,111	114,953	118,341	121,387	125,324
15 - 19	247,475	248,938	252,050	253,428	253,958	127,151	128,123	129,648	130,253	130,436	120,324	120,815	122,402	123,175	123,522
20 - 24	278,042	285,783	293,326	295,171	291,476	139,724	144,028	148,924	150,354	148,172	138,318	141,755	144,402	144,817	143,304
25 - 29	320,303	334,884	349,345	361,025	363,361	159,878	168,141	176,271	182,693	183,271	160,425	166,743	173,074	178,332	180,090
30 - 34	308,368	332,989	358,518	375,209	385,895	154,871	168,060	181,756	190,379	195,653	153,497	164,929	176,762	184,830	190,242
35 - 39	284,403	300,535	318,813	334,030	346,159	144,620	153,743	163,575	171,071	177,048	139,783	146,792	155,238	162,959	169,111
40 - 44	278,370	289,719	299,879	307,705	312,214	142,075	148,662	154,959	159,238	161,025	136,295	141,057	144,920	148,467	151,189
45 - 49	288,789	287,953	288,633	289,933	295,471	146,220	146,973	147,878	149,075	152,022	142,569	140,980	140,755	140,858	143,449
50 - 54	293,476	302,111	309,174	311,885	308,277	149,161	153,574	157,361	158,644	157,274	144,315	148,537	151,813	153,241	151,003
55 - 59	252,228	266,256	277,994	287,450	294,988	128,843	136,280	142,588	147,370	150,759	123,385	129,976	135,406	140,080	144,229
60 - 64	192,052	201,103	213,530	226,114	240,014	97,087	101,932	108,358	115,024	122,088	94,965	99,171	105,172	111,090	117,926
65 - 69	138,588	150,738	160,935	171,978	182,500	68,747	74,889	79,971	85,675	91,078	69,841	75,849	80,964	86,303	91,422
70 - 74	99,859	105,085	110,994	116,473	122,064	48,280	51,074	54,030	56,792	59,545	51,579	54,011	56,964	59,681	62,519
75 - 79	77,723	79,666	81,803	84,302	87,325	36,350	37,287	38,309	39,646	41,169	41,373	42,379	43,494	44,656	46,156
80 - 84	59,389	60,915	62,165	63,126	64,285	25,863	26,781	27,607	28,112	28,746	33,526	34,134	34,558	35,014	35,539
85 - 89	35,496	36,774	38,319	39,847	41,769	13,258	13,938	14,792	15,691	16,719	22,238	22,836	23,527	24,156	25,050
90 & Older	20,516	21,856	23,289	24,580	26,151	5,887	6,380	6,902	7,398	7,985	14,629	15,476	16,387	17,182	18,166
Total	3,910,117	4,068,062	4,228,125	4,354,660	4,449,483	1,964,971	2,051,176	2,137,939	2,204,227	2,250,303	1,945,146	2,016,886	2,090,186	2,150,433	2,199,180

Table 1.3 B

Distribution of Population Percentage Change by Age and Sex as at March 31, 2012 to March 31, 2016

Age Group	Total Male and Female				Male				Female			
	2012/2013	2013/2014	2014/2015	2015/2016	2012/2013	2013/2014	2014/2015	2015/2016	2012/2013	2013/2014	2014/2015	2015/2016
Under 1	3.36	2.04	2.85	1.69	3.66	1.29	2.90	0.27	3.03	2.84	2.80	3.18
1 - 4	2.55	2.08	0.92	1.35	2.67	2.24	0.80	1.31	2.43	1.90	1.04	1.40
5 - 9	6.18	5.56	4.89	3.33	6.19	5.69	4.95	3.51	6.17	5.43	4.82	3.15
10 - 14	2.48	2.88	2.59	3.12	2.42	2.81	2.61	3.01	2.53	2.95	2.57	3.24
15 - 19	0.59	1.25	0.55	0.21	0.76	1.19	0.47	0.14	0.41	1.31	0.63	0.28
20 - 24	2.78	2.64	0.63	(1.25)	3.08	3.40	0.96	(1.45)	2.48	1.87	0.29	(1.04)
25 - 29	4.55	4.32	3.34	0.65	5.17	4.84	3.64	0.32	3.94	3.80	3.04	0.99
30 - 34	7.98	7.67	4.66	2.85	8.52	8.15	4.74	2.77	7.45	7.17	4.56	2.93
35 - 39	5.67	6.08	4.77	3.63	6.31	6.40	4.58	3.49	5.01	5.75	4.97	3.78
40 - 44	4.08	3.51	2.61	1.47	4.64	4.24	2.76	1.12	3.49	2.74	2.45	1.83
45 - 49	(0.29)	0.24	0.45	1.91	0.51	0.62	0.81	1.98	(1.11)	(0.16)	0.07	1.84
50 - 54	2.94	2.34	0.88	(1.16)	2.96	2.47	0.82	(0.86)	2.93	2.21	0.94	(1.46)
55 - 59	5.56	4.41	3.40	2.62	5.77	4.63	3.35	2.30	5.34	4.18	3.45	2.96
60 - 64	4.71	6.18	5.89	6.15	4.99	6.30	6.15	6.14	4.43	6.05	5.63	6.15
65 - 69	8.77	6.76	6.86	6.12	8.93	6.79	7.13	6.31	8.60	6.74	6.59	5.93
70 - 74	5.23	5.62	4.94	4.80	5.79	5.79	5.11	4.85	4.72	5.47	4.77	4.76
75 - 79	2.50	2.68	3.05	3.59	2.58	2.74	3.49	3.84	2.43	2.63	2.67	3.36
80 - 84	2.57	2.05	1.55	1.84	3.55	3.08	1.83	2.26	1.81	1.24	1.32	1.50
85 - 89	3.60	4.20	3.99	4.82	5.13	6.13	6.08	6.55	2.69	3.03	2.67	3.70
90 & Older	6.53	6.56	5.54	6.39	8.37	8.18	7.19	7.93	5.79	5.89	4.85	5.73
Total	4.04%	3.93%	2.99%	2.18%	4.39%	4.23%	3.10%	2.09%	3.69%	3.63%	2.88%	2.27%

Figure 1.1
Distribution of Population by Age and Sex
as at March 31, 2016

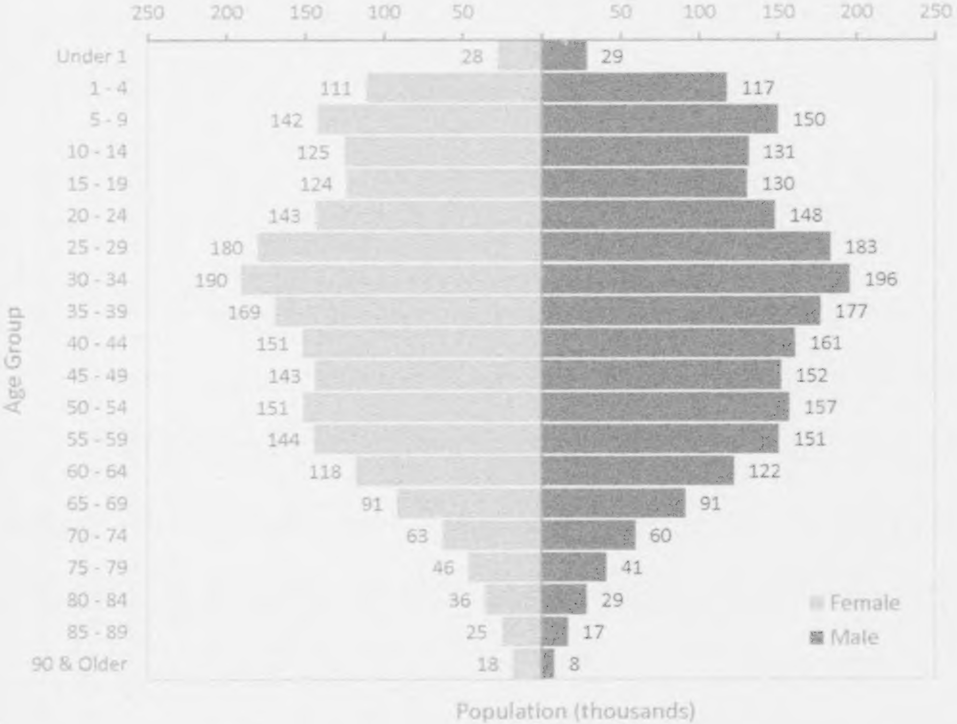


Figure 1.2
Population by Sex
as at March 31, 2012 to March 31, 2016

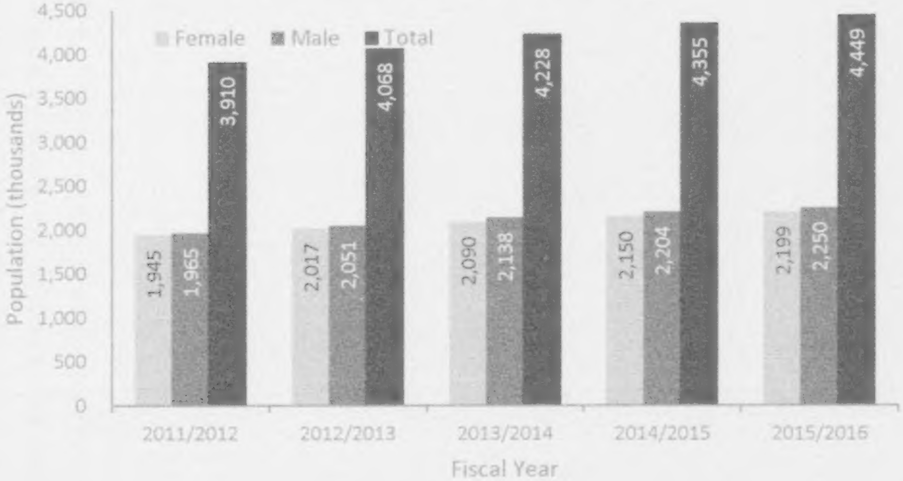
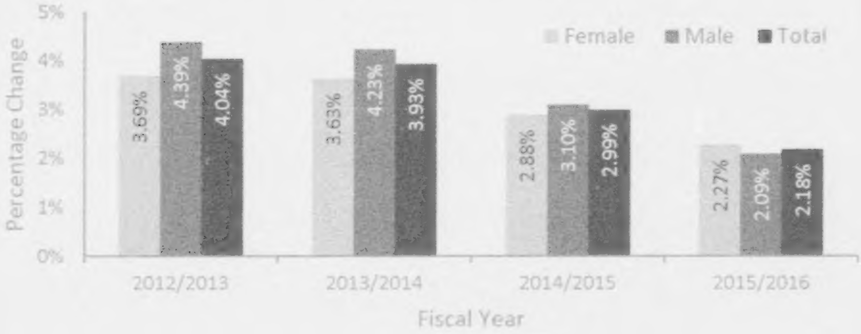


Figure 1.3
Population Percentage Change by Sex
as at March 31, 2012 to March 31, 2016



Section 2

Basic Health Services

(Physicians and Allied Health Practitioners)

Summary

The Alberta Health Care Insurance Plan (AHCIP) provides Albertans with coverage for basic health services. These include insured services provided by physicians and dental specialists/oral surgeons and some services provided by podiatrists and optometrists. Alberta practitioners receive fee-for-service payments and/or are paid through Alternative Relationship Plans. See Tables 2.20, 2.21, 2.22, and 2.23 for information about Alternative Relationship Plans.

In this section, data are primarily for fee-for-service payments. Data are organized by practitioner specialty and type of service, by patient age and sex, and by the percentage of change in schedules of benefits. Individual schedules of benefits provide details about services and fee-for-service rates payable by the AHCIP. Unless otherwise noted, pathology services are included in this fee-for-service data. Alternative Relationship Plan and Primary Care Network data are reported separately in Tables 2.20 to 2.23 and 2.29.

Highlights

- In Alberta, 8,585 physicians and 997 allied health practitioners received fee-for-service payments from the AHCIP during 2015/2016.
- The physician to population ratio for physicians (excluding pathologists) who submitted fee-for-service claims increased to 1.93 per 1,000 persons, up from 1.87 per 1,000 patients in 2014/2015.
- Of the 4,449,483 Albertans registered for coverage with the AHCIP, 79.67% (3,545,109 people) received at least one fee-for-service physician service during 2015/2016.
    - A total of 55.04% of these patients received fee-for-service physician services valued at $500 or less.
    - 25.06% of these patients received fee-for-service physician services valued at more than $1,000. Payments for these patients' services accounted for 72.48% of all fee-for-service payments to physicians.
    - Office visits (assessments) and consultations accounted for 49.93% of the fee-for-service payments made to Alberta physicians in 2015/2016. These services accounted for 76.34% of the fee-for-service payments made to general/family physicians.

- 19.72% of Alberta's population (877,575 people) obtained allied health services (services provided by dental specialists/oral surgeons, optometrists and podiatrists) in 2015/2016.

- Alberta Health spent $79,076,182 on optometry and podiatry services in 2015/2016. Coverage for these practitioners is not required by the *Canada Health Act* .

- A total of $24,325,397 was spent on optometry care for Alberta's children in 2015/2016.

- The AHCIP paid fee-for-service totalling $3,424,270,481 to Alberta physicians and allied health practitioners in 2015/2016. This figure represents a 10.04% increase compared to 2014/2015.

- In 2015/2016, the average total fee-for-service payment per Alberta physician was 388,586 (4.74% higher than it was in 2014/2015). This brought the median payment to 306,312 (an increase of 4.82% compared to 2014/2015).

- A total of 2,140 physicians each received more than $500,000 in fee-for-service payments in 2015/2016. This represents an increase of 269 physicians compared to 2014/2015. Of the 2,140 physicians, 729 were general/family physicians, an increase of 133 over 2014/2015.

- Of the 2,140 physicians, a total of 413 physicians each received more than $1 million in fee-for-service payments in 2015/2016. One hundred and twelve (112) of the 413 physicians received more than $2 million. In 2014/2015, there were 363 physicians who received more than $1 million and 88 received more than $2 million in fee-for-service payments.

- In 2015/2016, a total of 2,308 physicians participated in Alternative Relationship Plans, up from 1,971 in 2014/2015. A total of 352,106,634 was spent on Alternative Relationship Plan expenditures.

- Forty two (42) Primary Care Networks operated in the five health zones as of March 31, 2016. These 42 Primary Care Networks involved a total of 3,836 registered providers who delivered services to 3,483,180 patients.

Table 2.1
Distribution of Physician and Allied Health Practitioners Payments and Services per Patient, for the Service Year April 1, 2015 to March 31, 2016

Indicators	Physicians	Dentists/ Dental Specialists/ Oral Surgeons	Optometrists	Podiatrists	Total
Number of Practitioners	8,585	215	716	66	9,581
Total Payments	$3,336,009,256	$9,185,042	$67,866,424	$11,209,758	$3,424,270,481
Number of Services	50,577,902	31,309	1,411,983	314,092	52,335,286
Average Cost per Service	$65.96	$293.37	$48.06	$35.69	$65.43
Number of Discrete Patients	3,545,109	18,348	784,617	110,021	3,637,326
Average Cost per Discrete Patient	$941	$501	$86	$102	$941
Average Services per Patient	14.3	1.7	1.8	2.9	14.4

Note: This table reflects fee-for-service data only.

Figure 2.1
Average Fee-For-Service Cost per Person to Physicians for Basic Health Services by Age and Sex for the Service Year April 1, 2015 to March 31, 2016

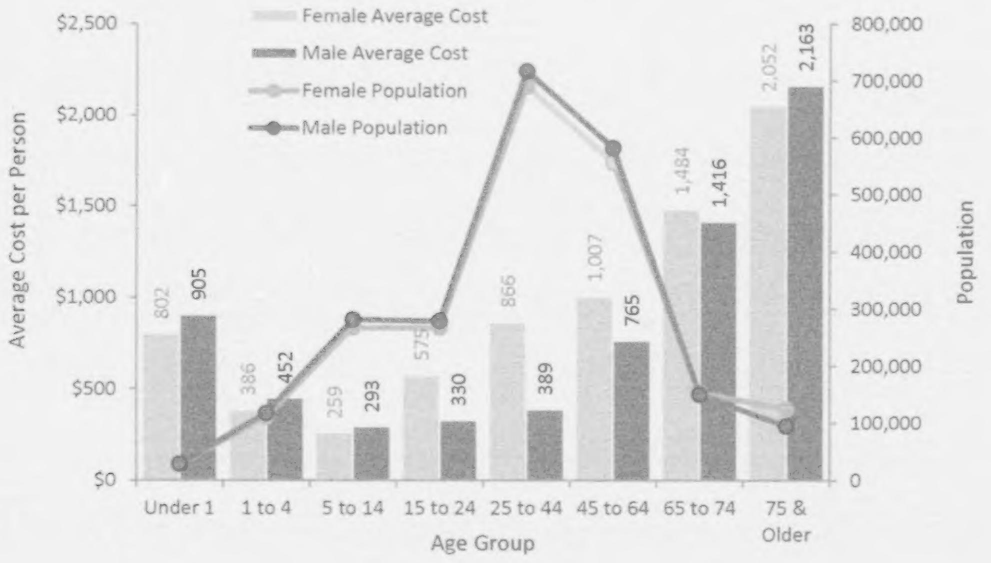


Figure 2.2
Average Fee-For-Service Cost per Person to Allied Practitioners for Basic Health Services by Age and Sex for the Service Year April 1, 2015 to March 31, 2016

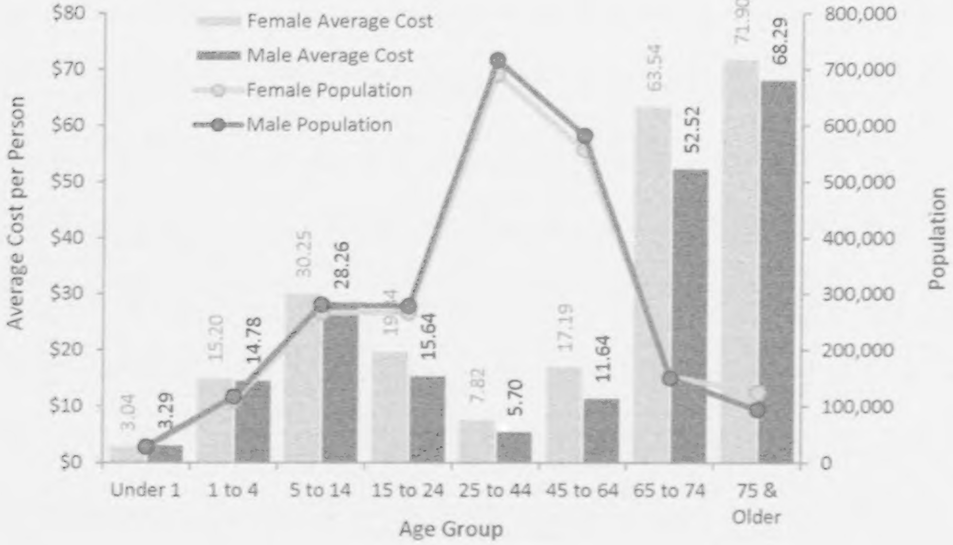
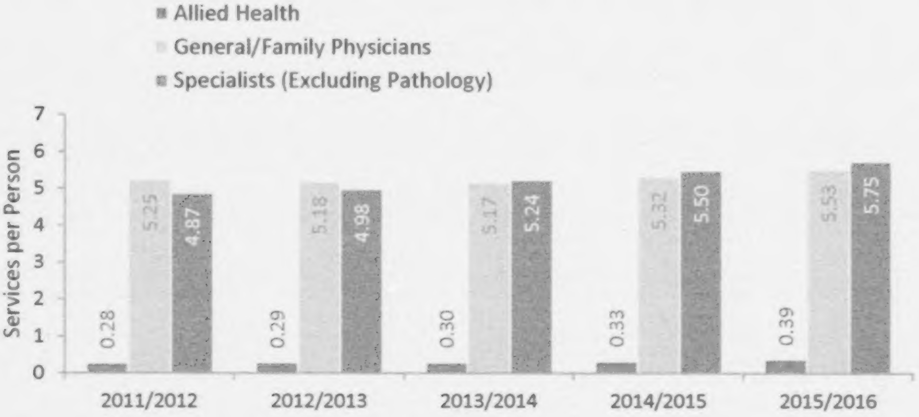


Figure 2.3
Average Number of Services per Person for Basic Health Services for the Years Ended March 31, 2012 to March 31, 2016



Explanatory Notes

Expenditure Location

Unless stated otherwise, the tables in Section 2 represent Alberta practitioner data. Hospital and non-hospital surgical facility costs are not reported in this Statistical Supplement, with the exception of select out-of-country hospital services, which are reported in Tables 2.26 to 2.28.

Pathology Services

Alberta Health Services pays for most laboratory services. A few select pathology services, such as minor consultations, electrocardiograms (technical) and skin tests are paid for by the AHCIP.

These statistics are listed separately whenever possible to allow for year-over-year comparisons.

Payments Do Not Reflect Income

These statistics cannot be used as an accurate measure of a practitioner's personal income. The figures quoted are payments from which practitioners may pay business expenses, such as office and staff expenses, and payments reported in this document do not depict other sources of income or benefit programs which may include some of the following:

- Workers' Compensation Board, third party medicals, and services not covered by the AHCIP;
- Salaried positions and contractual arrangements with Alberta Health Services or private employers;
- Alternative Relationship Programs: Sessional, Contractual, Academic, Capitation;
- Medical Liability Reimbursement Program;
- Retention Benefit Program;
- Continuing Medical Education Benefit Program;
- Physician On-Call Program that compensates physicians being on-call;
- Clinical Stabilization Initiative that provides funding for business expenses and retention of physicians;
- The Physician Office System Program that provides funds for electronic office equipment;
- Compassionate Expense Program;
- Parental Leave Program;
- Federal Government Funding: e.g., travel to and from reserves for First Nation services; and
- through per capita funding of Primary Care Networks.

Under special circumstances, physicians may also claim and be paid for services provided by medical residents, and for diagnostic services provided by technicians.

Physician Data

Data in this section include all Alberta physicians who had fee-for-service payments of one dollar or more in 2015/2016. When physicians have multiple specialties, they have been counted in the specialty where they received the highest fee-for-service payments.

Alternative Relationship Plan data are reported inTables 2.20 to 2.23.

In Province Medical Reciprocal data are reported in Tables 2.24 A, 2.24 B and 2.24 C.

A manual payment totalling $68 million was made to Alberta physicians in 2013/2014 as negotiated in the 2011 AMA Agreement.

Manual Payments for the Business Cost Program and Rural Remote Northern Program made to Alberta Physicians for the service period April 1, 2011 to March 31, 2016, are not included in the data.

Table 2.2
Manual Payments for the Business Cost Program and Rural Remote Northern Program Made to Alberta Physicians
for the Service Years Ended March 31, 2012 to March 31, 2016

Year	Business Cost Program	Rural Remote Northern Program
2011/2012	$66,161,997	$38,329,992
2012/2013	69,991,566	40,501,848
2013/2014	74,973,958	41,927,704
2014/2015	82,269,820	43,453,803
2015/2016	$92,553,949	$46,480,835

Table 2.3

Distribution of Physician Payments by Program and Specialty

for the Service Year April 1, 2015 to March 31, 2016[1][2]

Physician Specialty	Fee-for-Service (FFS)	Business Cost Program (BCP)	Rural Remote Northern Program (RRNP)	In Province Medical Reciprocal (MEDR)
Total: All Physicians	$3,336,009,256	$92,241,950	$46,040,887	$81,623,247
Subtotal:				
All Physicians (except Pathology)	3,326,125,866	92,228,353	46,040,882	73,473,241
All Specialists (except GP/FPs & Pathology)	1,888,453,878	15,415,930	10,133,968	50,500,879
Physicians by Specialty				
Anaesthesiology	163,685,587	61,378	846,973	6,263,495
Cardiovascular and Thoracic Surgery	15,838,257	8,613	131	2,964,796
Dermatology	39,797,533	1,116,072	38,009	722,756
Emergency Medicine	46,082,591	14,236	26,176	1,233,042
General/Family Physicians (GP/FPs)	1,437,671,988	76,812,424	35,906,914	22,972,362
- General/Family Physicians	1,342,533,535	76,675,875	34,985,794	20,250,177
- Full-Time Emergency Room Physicians	87,860,567	29,879	820,398	2,582,498
- Mental Health Generalists	5,436,615	3,570	73,598	102,920
- Other General Practice Physicians [3]	1,841,271	103,100	27,124	36,767
General Surgery	95,057,455	492,810	1,247,876	4,073,236
- General Surgery designated specialty	86,050,527	420,961	1,244,375	3,533,422
- Other General Surgery [3]	9,006,929	71,849	3,501	539,814
Internal Medicine	351,757,581	3,024,568	1,499,095	10,236,621
- Internal Medicine designated specialty	132,953,311	1,621,037	997,134	2,926,258
- Cardiology	81,887,506	459,778	126,146	2,442,355
- Endocrinology/Metabolism	920,422	43,115	37	26,154
- Gastroenterology	33,926,067	235,807	173,610	596,283
- Infectious Diseases	2,461,681	2,934	900	110,710
- Other Internal Medicine [3]	99,608,594	661,896	201,269	4,134,862
Neurology	21,836,885	383,365	12,886	387,772
Neurosurgery	665,686	20,836	640	493,057
Obstetrics-Gynaecology	113,847,190	1,812,516	802,479	1,748,352
Ophthalmology	142,271,782	1,830,339	280,331	2,488,343
Orthopaedic Surgery	84,669,682	457,382	834,078	2,862,001
Otolaryngology	43,654,380	530,772	317,374	1,748,727
Paediatrics	91,303,207	2,265,023	506,569	2,914,005
Physical Medicine and Rehabilitation	18,444,560	435,725	13,204	371,431
Plastic Surgery	31,701,473	114,758	23,063	1,656,277
Psychiatry designated specialty	176,516,670	2,345,811	1,210,823	2,586,555
Urology	34,826,889	330,508	162,049	882,849
Pathology	9,883,391	13,597	5	8,150,006
Radiology	416,496,470	171,218	2,312,213	6,867,566

Note: This table reflects FFS, BCP, RRNP and in-province MEDR data. For MEDR program definition refer to the Glossary/Definition section.

(1) The information presented in this table refers to physicians who bill fee-for-service and are also compensated through BCP, RRNP and MEDR. Physicians who bill exclusively through the BCP, ARP or In-Province MEDR are not included.

(2) Totals for BCP and RRNP do not mach the totals in Tab le 2.2 due to the exclusion of the ARP physician payments.

(3) For details on this physician specialty category refer to the Glossary/Definitions section.

Table 2.4
Medical and Allied Practitioners: Selected Indicators for the Service Years Ended March 31, 2012 to March 31, 2016

	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
REGISTRATIONS					
Population Covered	3,910,117	4,068,062	4,228,125	4,354,660	4,449,483
Number of Discrete Physician Patients (1)	3,145,227	3,240,162	3,350,612	3,471,055	3,637,326
Number of Discrete Patients per Physician	448	439	433	425	413
OVERALL PHYSICIAN SUMMARY					
Number of Physician Services Provided	39,892,223	41,681,645	44,379,813	47,485,557	50,577,902
Number of Physicians	7,015	7,381	7,743	8,176	8,585
Number of Physicians per 1,000 Persons	1.79	1.81	1.83	1.88	1.93
Number of Services per Physician	5,687	5,647	5,732	5,808	5,891
Number of Services per 1,000 Persons	10,202	10,246	10,496	10,905	11,367
Total Physician Payments	$2,450,159,476	$2,584,944,346	$2,778,382,882	$3,033,392,142	$3,336,009,256
Physician Payment per 1,000 Persons	$626,621	$635,424	$657,119	$696,585	$749,752
Average Payment per Physician	$349,274	$350,216	$358,825	$371,012	$388,586
PHYSICIAN SUMMARY EXCLUDING PATHOLOGY					
Number of Physician Services Provided	39,571,619	41,348,035	44,019,136	47,095,424	50,185,561
Number of Physicians	6,996	7,369	7,731	8,161	8,569
Number of Physicians per 1,000 Persons	1.79	1.81	1.83	1.87	1.93
Number of Services per Physician	5,656	5,611	5,694	5,771	5,857
Number of Services per 1,000 Persons	10,120	10,164	10,411	10,815	11,279
Total Physician Payments	$2,442,382,913	$2,576,913,262	$2,769,716,656	$3,023,784,257	$3,326,125,865
Physician Payment per 1,000 Persons	$624,632	$633,450	$655,070	$694,379	$747,531
Average Payment per Physician	$349,111	$349,696	$358,261	$370,516	$388,158
ALLIED PRACTITIONER SUMMARY					
Number of Allied Services Provided	1,112,167	1,165,174	1,253,175	1,457,870	1,757,384
Number of Allied Practitioners	837	887	914	963	997
Number of Allied Practitioners per 1,000 Persons	0.21	0.22	0.22	0.22	0.22
Number of Services per Allied Practitioner	1,329	1,314	1,371	1,514	1,763
Number of Discrete Allied Patients (2)	677,314	704,742	755,762	813,197	877,575
Number of Discrete Patients per Allied Practitioner	809	795	827	844	880
Total Payments to Allied Practitioners	$59,387,785	$63,616,005	$70,484,596	$78,458,718	$88,261,224
Allied Practitioner Payment per 1,000 Persons	$15,188	$15,638	$16,670	$18,017	$19,836
Average Payment per Allied Practitioner	$70,953	$71,720	$77,117	$81,473	$88,527

Continued...

Note: This table reflects fee-for-service data only.

(1) Number of Discrete Physician Patients represents the actual count of patients receiving at least one service from a physician.

(2) Number of Discrete Allied Patients represents the actual count of patients receiving at least one service from an allied practitioner.

Table 2.4
Medical and Allied Practitioners: Selected Indicators for the Service Years Ended March 31, 2012 to March 31, 2016

	Percentage Change			
	2012/2013	2013/2014	2014/2015	2015/2016
REGISTRATIONS				
Population Covered	4.04%	3.93%	2.99%	2.18%
Number of Discrete Physician Patients [(1)]	3.02	3.41	3.59	4.79
Number of Discrete Patients per Physician	(2.09)	(1.43)	(1.89)	(1.89)
OVERALL PHYSICIAN SUMMARY				
Number of Physician Services Provided	4.49	6.47	7.00	6.51
Number of Physicians	5.22	4.90	5.59	5.00
Number of Physicians per 1,000 Persons	1.12	1.10	2.73	2.63
Number of Services per Physician	(0.70)	1.51	1.33	1.44
Number of Services per 1,000 Persons	0.43	2.44	3.90	4.24
Total Physician Payments	5.50	7.48	9.18	9.98
Physician Payment per 1,000 Persons	1.40	3.41	6.01	7.63
Average Payment per Physician	0.27	2.46	3.40	4.74
PHYSICIAN SUMMARY EXCLUDING PATHOLOGY				
Number of Physician Services Provided	4.49	6.46	6.99	6.56
Number of Physicians	5.33	4.91	5.56	5.00
Number of Physicians per 1,000 Persons	1.12	1.10	2.19	2.99
Number of Services per Physician	(0.80)	1.48	1.35	1.48
Number of Services per 1,000 Persons	0.43	2.43	3.88	4.29
Total Physician Payments	5.51	7.48	9.17	10.00
Physician Payment per 1,000 Persons	1.41	3.41	6.00	7.65
Average Payment per Physician	0.17	2.45	3.42	4.76
ALLIED PRACTITIONER SUMMARY				
Number of Allied Services Provided	4.77	7.55	16.33	20.54
Number of Allied Practitioners	5.97	3.04	5.36	3.53
Number of Allied Practitioners per 1,000 Persons	4.76	0.00	0.00	1.85
Number of Services per Allied Practitioner	(1.13)	4.34	10.43	16.42
Number of Discrete Allied Patients [(2)]	4.05	7.24	7.60	7.92
Number of Discrete Patients per Allied Practitioner	(1.73)	4.03	2.06	4.29
Total Payments to Allied Practitioners	7.12	10.80	11.31	12.49
Allied Practitioner Payment per 1,000 Persons	2.96	6.60	8.08	10.10
Average Payment per Allied Practitioner	1.08	7.53	5.65	8.66

Note: This table reflects fee-for-service data only.

(1) Number of Discrete Physician Patients represents the actual count of patients receiving at least one service from a physician.

(2) Number of Discrete Allied Patients represents the actual count of patients receiving at least one service from an allied practitioner.

Table 2.5

Number of Services and Total Payments to Allied Health Practitioners by Service Category Code for the Service Year April 1, 2015 to March 31, 2016[1]

Practitioner Type	Service Category	Number of Services	Total Payments
Dentists/Dental Specialists/ Oral Surgeons	Procedure	22,313	$8,424,135
	Visit	8,996	760,907
Optometrists	Visit	1,411,983	67,866,424
Podiatrists	Procedure	65,271	3,378,909
	Test (x-ray)	12,457	177,019
	Visit	236,364	7,653,831
Total		1,757,384	$88,261,224

Note: This table reflects fee-for service data only.

(1) The sums of the payments may not match the totals due to rounding.

Table 2.6 A

Number of Physicians and Average Payments to Physicians within their Age Group for the Service Years Ended March 31, 2012 to March 31, 2016

Age Group	Number of Physicians					Percentage Change			
	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	2012/2013	2013/2014	2014/2015	2015/2016
Under 30	116	119	153	170	177	2.59	28.57	11.11	4.12
30 - 34	738	780	816	924	1,011	5.69	4.62	13.24	9.42
35 - 39	1,002	1,063	1,126	1,219	1,324	6.09	5.93	8.26	8.61
40 - 44	1,056	1,154	1,208	1,270	1,279	9.28	4.68	5.13	0.71
45 - 49	972	995	1,052	1,116	1,203	2.37	5.73	6.08	7.80
50 - 54	957	925	946	941	988	(3.34)	2.27	(0.53)	4.99
55 - 59	897	974	965	969	956	8.58	(0.92)	0.41	(1.34)
60 - 64	618	653	729	771	795	5.66	11.64	5.76	3.11
65 & Over	659	718	748	796	852	8.95	4.18	6.42	7.04
Total	7,015	7,381	7,743	8,176	8,585	5.22%	4.90%	5.59%	5.00%

Age Group	Average Payments					Percentage Change			
	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	2012/2013	2013/2014	2014/2015	2015/2016
Under 30	$221,758	$197,493	$177,741	$195,824	$211,673	(10.94)	(10.00)	10.17	8.09
30 - 34	271,973	275,464	279,804	282,899	287,901	1.28	1.58	1.11	1.77
35 - 39	350,593	348,045	365,490	370,160	395,157	(0.73)	5.01	1.28	6.75
40 - 44	377,262	381,587	395,695	418,243	446,540	1.15	3.70	5.70	6.77
45 - 49	366,857	378,581	389,169	410,793	426,181	3.20	2.80	5.56	3.75
50 - 54	361,904	370,518	391,840	409,388	439,642	2.38	5.75	4.48	7.39
55 - 59	414,710	390,127	381,926	386,198	398,431	(5.93)	(2.10)	1.12	3.17
60 - 64	382,606	391,814	386,401	400,447	406,027	2.41	(1.38)	3.64	1.39
65 & Over	246,835	252,092	271,384	288,518	307,992	2.13	7.65	6.31	6.75
Total	$349,274	$350,216	$358,825	$371,012	$388,586	0.27%	2.46%	3.40%	4.74%

Note: This table reflects fee-for-service data only.

Table 2.6 B
Number of Dentists/Dental Specialists/Oral Surgeons and Average Payments to Dentists/Dental Specialists/Oral Surgeons within their Age Group for the Service Years Ended March 31, 2012 to March 31, 2016

Age Group	Number of Dentists/Dental Specialists/Oral Surgeons					Percentage Change			
	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	2012/2013	2013/2014	2014/2015	2015/2016
Under 30	10	12	6	7	9	20.00	(50.00)	16.67	28.57
30 - 34	19	23	24	27	17	21.05	4.35	12.50	(37.04)
35 - 39	33	30	29	30	38	(9.09)	(3.33)	3.45	26.67
40 - 44	29	26	22	22	22	(10.34)	(15.38)	0.00	0.00
45 - 49	36	35	43	37	30	(2.78)	22.86	(13.95)	(18.92)
50 - 54	31	29	24	33	31	(6.45)	(17.24)	37.50	(6.06)
55 - 59	30	31	35	36	33	3.33	12.90	2.86	(8.33)
60 - 64	20	25	22	14	20	25.00	(12.00)	(36.36)	42.86
65 & Over	10	13	13	15	15	30.00	0.00	15.38	0.00
Total	218	224	218	221	215	2.75%	-2.68%	1.38%	-2.71%

Age Group	Average Payments					Percentage Change			
	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	2012/2013	2013/2014	2014/2015	2015/2016
Under 30	$3,537	$2,191	$3,300	$665	$3,550	(38.05)	50.62	(79.84)	433.84
30 - 34	8,992	20,441	24,133	9,184	20,899	127.32	18.06	(61.94)	127.56
35 - 39	25,017	17,109	23,115	53,067	33,494	(31.61)	35.10	129.58	(36.88)
40 - 44	46,382	67,504	66,307	21,361	60,501	45.54	(1.77)	(67.78)	183.23
45 - 49	35,316	9,952	19,442	44,599	50,923	(71.82)	95.36	129.40	14.18
50 - 54	17,006	49,028	63,710	51,373	54,219	188.30	29.95	(19.36)	5.54
55 - 59	32,741	34,064	30,027	33,494	18,151	4.04	(11.85)	11.55	(45.81)
60 - 64	51,972	50,767	51,093	75,271	70,234	(2.32)	0.64	47.32	(6.69)
65 & Over	9,665	16,710	3,828	19,224	65,457	72.89	(77.09)	402.21	240.50
Total	$28,870	$31,595	$33,568	$37,140	$42,721	9.44%	6.24%	10.64%	15.03%

Note: This table reflects fee-for-service data only.

Table 2.6 C

Number of Optometrists and Average Payments to Optometrists within their Age Group for the Service Years Ended March 31, 2012 to March 31, 2016

Age Group	Number of Optometrists					Percentage Change			
	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	2012/2013	2013/2014	2014/2015	2015/2016
Under 30	103	124	114	110	118	20.39	(8.06)	(3.51)	7.27
30 - 34	121	127	150	172	177	4.96	18.11	14.67	2.91
35 - 39	102	100	105	112	123	(1.96)	5.00	6.67	9.82
40 - 44	70	84	87	92	98	20.00	3.57	5.75	6.52
45 - 49	36	41	48	58	67	13.89	17.07	20.83	15.52
50 - 54	33	30	28	31	30	(9.09)	(6.67)	10.71	(3.23)
55 - 59	38	39	39	36	35	2.63	0.00	(7.69)	(2.78)
60 - 64	25	28	32	31	30	12.00	14.29	(3.13)	(3.23)
65 & Over	29	26	26	33	38	(10.34)	0.00	26.92	15.15
Total	557	599	629	675	716	7.54%	5.01%	7.31%	6.07%

Age Group	Average Payments					Percentage Change			
	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	2012/2013	2013/2014	2014/2015	2015/2016
Under 30	$58,207	$61,490	$70,427	$68,150	$67,929	5.64	14.53	(3.23)	(0.32)
30 - 34	78,731	75,364	78,659	85,425	92,673	(4.28)	4.37	8.60	8.49
35 - 39	83,739	86,394	90,639	95,299	101,558	3.17	4.91	5.14	6.57
40 - 44	86,077	85,575	92,866	100,488	113,758	(0.58)	8.52	8.21	13.21
45 - 49	84,919	84,419	89,648	96,748	106,228	(0.59)	6.19	7.92	9.80
50 - 54	88,651	88,142	97,760	94,382	108,589	(0.57)	10.91	(3.46)	15.05
55 - 59	99,290	92,910	94,241	100,102	99,507	(6.43)	1.43	6.22	(0.59)
60 - 64	79,468	72,137	85,925	80,559	101,880	(9.23)	19.11	(6.25)	26.47
65 & Over	50,925	59,656	57,707	73,955	76,150	17.14	(3.27)	28.16	2.97
Total	$77,752	$77,335	$83,291	$87,684	$94,786	-0.54%	7.70%	5.27%	8.10%

Note: This table reflects fee-for-service data only.

Table 2.6 D

Number of Podiatrists and Average Payments to Podiatrists within their Age Group for the Service Years Ended March 31, 2012 to March 31, 2016

Age Group	Number of Podiatrists					Percentage Change			
	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	2012/2013	2013/2014	2014/2015	2015/2016
Under 35	2	2	3	4	3	0.00	50.00	33.33	(25.00)
35 - 39	11	12	9	8	6	9.09	(25.00)	(11.11)	(25.00)
40 - 44	19	15	15	11	11	(21.05)	0.00	(26.67)	0.00
45 - 49	12	15	16	18	17	25.00	6.67	12.50	(5.56)
50 - 54	8	8	10	12	15	0.00	25.00	20.00	25.00
55 & Over	10	12	14	14	14	20.00	16.67	0.00	0.00
Total	62	64	67	67	66	3.23%	4.69%	0.00%	-1.49%

Age Group	Average Payments					Percentage Change			
	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	2012/2013	2013/2014	2014/2015	2015/2016
Under 35	$109,461	$108,609	$68,871	$110,181	$185,818	(0.78)	(36.59)	59.98	68.65
35 - 39	110,605	137,078	116,230	117,915	137,087	23.93	(15.21)	1.45	16.26
40 - 44	183,270	162,543	178,085	178,820	171,899	(11.31)	9.56	0.41	(3.87)
45 - 49	194,801	208,162	230,308	199,989	188,920	6.86	10.64	(13.16)	(5.53)
50 - 54	180,760	194,948	186,089	209,383	215,605	7.85	(4.54)	12.52	2.97
55 & Over	108,498	102,744	93,368	114,327	106,656	(5.30)	(9.13)	22.45	(6.71)
Total	$157,845	$159,613	$160,850	$165,135	$169,845	1.12%	0.77%	2.66%	2.85%

Note: This table reflects fee-for-service data only.

Table 2.7

Distribution of Optometry Payments and Services per Patient for the Service Years Ended March 31, 2012 to March 31, 2016

Year	Total Optometry Payments	Number of Optometry Services	Average Cost per Service	Number of Discrete Patients [1]	Average Cost per Discrete Patient	Number of Services per Patient	Population Covered
RECIPIENT AGE GROUP: 0 to 18							
2011/2012	$18,215,775	353,626	$51.51	308,471	$59.05	1.15	930,958
2012/2013	18,784,388	362,617	51.80	313,473	59.92	1.16	959,794
2013/2014	20,848,306	390,454	53.40	333,521	62.51	1.17	988,428
2014/2015	22,463,953	422,989	53.11	355,630	63.17	1.19	1,012,484
2015/2016	$24,325,397	462,250	$52.62	381,041	$63.84	1.21	1,034,728
RECIPIENT AGE GROUP: 19 to 64 [2]							
2011/2012	$7,389,420	155,391	$47.55	106,344	$69.49	1.46	2,547,588
2012/2013	8,335,025	173,533	48.03	120,199	69.34	1.44	2,653,234
2013/2014	9,755,659	196,487	49.65	135,351	72.08	1.45	2,762,192
2014/2015	12,307,393	289,145	42.56	156,320	78.73	1.85	2,841,870
2015/2016	$16,005,429	435,635	$36.74	183,087	$87.42	2.38	2,890,661
RECIPIENT AGE GROUP: 65 and Older							
2011/2012	$17,702,469	273,894	$64.63	174,174	$101.64	1.57	431,571
2012/2013	19,204,024	296,515	64.77	180,639	106.31	1.64	455,034
2013/2014	21,785,828	326,622	66.70	195,152	111.64	1.67	477,505
2014/2015	24,415,331	402,302	60.69	209,092	116.77	1.92	500,306
2015/2016	$27,535,597	514,098	$53.56	221,306	$124.42	2.32	524,094

Note: This table reflects fee-for-service data only.

(1) Number of Discrete Patients contains the actual count of patients receiving at least one service.

(2) Effective October 1, 2007, coverage was expanded to include certain medically necessary eye care services for 19 to 64 year olds. However, routine eye exams for Albertans age 19 to 64 years of age are not covered.

Table 2.8

Total and Average Gross Payments to Physicians and Allied Health Practitioners by Practitioner Type for the Service Years Ended March 31, 2012 to March 31, 2016

	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	2012/2013	2013/2014	2014/2015	2015/2016
Practitioner Type	**Number of Practitioners**					**Percentage Change**			
Physicians	7,015	7,381	7,743	8,176	8,585	5.22	4.90	5.59	5.00
Dentists/Dental Specialists/ Oral Surgeons	218	224	218	221	215	2.75	(2.68)	1.38	(2.71)
Optometrists	557	599	629	675	716	7.54	5.01	7.31	6.07
Podiatrists	62	64	67	67	66	3.23	4.69	0.00	(1.49)
Total	7,852	8,268	8,657	9,139	9,582	5.30%	4.70%	5.57%	4.85%
Practitioner Type	**Total Payments [1]**					**Percentage Change**			
Physicians	$2,450,159,476	$2,584,944,346	$2,778,382,882	$3,033,392,142	$3,336,009,257	5.50	7.48	9.18	9.98
Dentists/Dental Specialists/ Oral Surgeons	$6,293,750	$7,077,327	$7,317,869	$8,208,000	$9,185,042	12.45	3.40	12.16	11.90
Optometrists	$43,307,665	$46,323,436	$52,389,793	$59,186,677	$67,866,424	6.96	13.10	12.97	14.67
Podiatrists	$9,786,370	$10,215,243	$10,776,933	$11,064,041	$11,209,758	4.38	5.50	2.66	1.32
Total	$2,509,547,261	$2,648,560,351	$2,848,867,477	$3,111,850,860	$3,424,270,481	5.54%	7.56%	9.23%	10.04%
Practitioner Type	**Average Payment**					**Percentage Change**			
Physicians	$349,274	$350,216	$358,825	$371,012	$388,586	0.27	2.46	3.40	4.74
Dentists/Dental Specialists/ Oral Surgeons	$28,870	$31,595	$33,568	$37,140	$42,721	9.44	6.24	10.64	15.03
Optometrists	$77,752	$77,335	$83,291	$87,684	$94,786	(0.54)	7.70	5.27	8.10
Podiatrists	$157,845	$159,613	$160,850	$165,135	$169,845	1.12	0.77	2.66	2.85
Total	$319,606	$320,339	$329,083	$340,502	$357,365	0.23%	2.73%	3.47%	4.95%
Practitioner Type	**Number of Services**					**Percentage Change**			
Physicians	39,892,223	41,681,645	44,379,813	47,485,557	50,577,902	4.49	6.47	7.00	6.51
Dentists/Dental Specialists/ Oral Surgeons	20,784	23,014	24,995	28,443	31,309	10.73	8.61	13.79	10.08
Optometrists	782,911	832,665	913,563	1,114,436	1,411,983	6.36	9.72	21.99	26.70
Podiatrists	308,472	309,495	314,617	314,991	314,092	0.33	1.65	0.12	(0.29)
Total	41,004,390	42,846,819	45,632,988	48,943,427	52,335,286	4.49%	6.50%	7.25%	6.93%

Note: This table reflects fee-for-service data only.

Table 2.9

Distribution of Physicians and Allied Health Practitioners by Gross Payment Range [1] [2]

for the Service Years Ended March 31, 2012 to March 31, 2016

Dollar Range	Total					Physicians					Dentists/Dental Specialists/Oral Surgeons				
	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Less than $10,000	602	660	657	642	648	402	443	447	428	446	179	187	175	182	167
10,000 - 19,999	195	193	214	219	204	147	155	179	184	168	10	4	8	7	9
20,000 - 39,999	303	343	319	324	372	223	259	243	260	282	6	5	8	2	6
40,000 - 59,999	317	348	353	365	345	222	233	241	246	241		5	4	3	5
60,000 - 79,999	335	305	316	335	334	238	205	211	212	218	1	2		2	1
80,000 - 99,999	303	299	342	370	373	202	194	233	255	262	3	3	5	3	1
100,000 - 119,999	255	301	319	309	322	189	229	234	237	232	3	1	1	2	2
120,000 - 139,999	251	273	297	293	294	204	224	239	224	220	2	1	2		3
140,000 - 159,999	247	278	291	316	324	210	242	256	268	271	3	3	2	1	
160,000 - 179,999	238	251	268	291	301	218	229	237	263	260	2	1	1	2	3
180,000 - 199,999	254	261	267	273	287	240	246	247	253	255		1	2	2	1
200,000 - 299,999	1,248	1,268	1,327	1,411	1,397	1,228	1,248	1,304	1,372	1,355	3	5	3	8	9
300,000 - 399,999	1,041	1,121	1,173	1,185	1,285	1,038	1,116	1,169	1,178	1,274	1	1	2	2	2
400,000 - 499,999	836	837	853	928	969	831	833	847	925	961	3	1	2	1	3
500,000 - 599,999	494	539	560	593	692	491	538	558	591	691	1	1	1		
600,000 - 699,999	283	290	344	392	428	283	287	344	389	427		2		3	1
700,000 - 799,999	189	202	202	257	291	189	202	202	257	290					1
800,000 - 899,999	114	126	126	165	194	114	126	124	165	194			1		
900,000 - 999,999	74	73	89	107	125	74	73	89	106	125					
1,000,000 -1,999,999	223	246	275	276	302	222	245	274	275	301	1	1	1	1	1
2,000,000 & Over	50	54	65	88	112	50	54	65	88	112					
Total	7,852	8,268	8,657	9,139	9,599	7,015	7,381	7,743	8,176	8,585	218	224	218	221	215

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a practitioner's personal income, because they do not include other sources of income. The figures quoted are payments from which practitioners may pay business expenses, such as office and staff expenses.

Table 2.9

Distribution of Physicians and Allied Health Practitioners by Gross Payment Range (1) (2) for the Service Years Ended March 31, 2012 to March 31, 2016

Dollar Range	Optometrists					Podiatrists				
	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Less than $10,000	20	30	34	31	29	1		1	1	6
10,000 - 19,999	38	34	27	28	24					3
20,000 - 39,999	73	78	68	61	78	1	1		1	6
40,000 - 59,999	92	105	103	112	96	3	5	5	4	3
60,000 - 79,999	90	95	98	115	106	6	3	7	6	9
80,000 - 99,999	94	95	98	107	102	4	7	6	5	8
100,000 - 119,999	54	62	75	59	79	9	9	9	11	9
120,000 - 139,999	38	42	49	63	62	7	6	7	6	9
140,000 - 159,999	28	26	29	38	43	6	7	4	9	10
160,000 - 179,999	10	13	19	21	34	8	8	11	5	4
180,000 - 199,999	11	7	13	16	28	3	7	5	2	3
200,000 - 299,999	7	9	14	21	28	10	6	6	10	5
300,000 - 399,999	1	2	1	2	5	1	2	1	3	4
400,000 - 499,999					2	2	3	4	2	3
500,000 - 599,999	1					1		1	2	1
600,000 - 699,999		1								
700,000 - 799,999										
800,000 - 899,999			1							
900,000 - 999,999				1						
1,000,000 -1,999,999										
2,000,000 & Over										
Total	557	599	629	675	716	62	64	67	67	83

Note: This table reflects fee-for-service data only.

(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a practitioner's personal income, because they do not include other sources of income. The figures quoted are payments from which practitioners may pay business expenses, such as office and staff expenses.

Table 2.10
Distribution of Physician Payments and Services per Patient for the Service Years Ended March 31, 2012 to March 31, 2016

Year	Total Physician Payments	Number of Services	Average Cost per Service	Number of Discrete Patients (1)	Average Cost per Discrete Patient	Number of Services per Patient	Population Covered
2011/2012	$2,450,159,476	39,892,223	$61.42	3,145,227	$779.01	12.68	3,910,117
2012/2013	2,584,944,346	41,681,645	62.02	3,240,162	797.78	12.86	4,068,062
2013/2014	2,778,382,882	44,379,813	62.60	3,350,612	829.22	13.25	4,228,125
2014/2015	3,033,392,142	47,485,557	63.88	3,471,055	873.91	13.68	4,354,660
2015/2016	$3,336,009,257	50,577,902	$65.96	3,545,109	$941.02	14.27	4,449,483
Percentage Change 2015/2016	9.98%	6.51%	3.26%	2.13%	7.68%	4.31%	2.18%
Annual Average Percentage Change for Last 5 Years	8.02%	6.11%	1.80%	3.04%	4.84%	3.00%	3.28%

Note: This table reflects fee-for-service data only.
(1) Number of Discrete Patients contains the actual count of patients receiving at least one service.

Table 2.11
Distribution of Discrete Patients by Payment Range for Services Provided by Physicians for the Service Year April 1, 2015 to March 31, 2016

Dollar Range	Distribution of			Percentage Distribution of		
	Discrete Patients (1)	Payments	Services	Discrete Patients (1)	Payments	Services
$ 0.01 - 50.00	201,279	$7,356,669	206,020	5.68	0.22	0.41
50.01 - 100.00	269,987	19,544,237	426,126	7.62	0.59	0.84
100.01 - 200.00	551,126	79,677,978	1,373,519	15.55	2.39	2.72
200.01 - 300.00	389,988	96,482,586	1,637,894	11.00	2.89	3.24
300.01 - 400.00	297,887	103,748,324	1,711,621	8.40	3.11	3.38
400.01 - 500.00	240,895	107,990,363	1,789,629	6.80	3.24	3.54
500.01 - 600.00	196,798	107,929,069	1,787,275	5.55	3.24	3.53
600.01 - 700.00	161,878	104,979,265	1,722,780	4.57	3.15	3.41
700.01 - 800.00	135,771	101,641,148	1,647,230	3.83	3.05	3.26
800.01 - 900.00	114,058	96,779,612	1,566,850	3.22	2.90	3.10
900.01 - 1,000.00	96,869	91,889,581	1,472,006	2.73	2.75	2.91
1,000.01 - 2,000.00	486,529	680,803,630	10,583,678	13.72	20.41	20.93
2,000.01 - 3,000.00	176,591	429,706,729	6,295,400	4.98	12.88	12.45
3,000.01 - 4,000.00	87,266	300,865,001	4,253,439	2.46	9.02	8.41
4,000.01 - 5,000.00	48,179	214,655,261	2,998,818	1.36	6.43	5.93
5,000.01 & Over	90,008	791,959,803	11,105,617	2.54	23.74	21.96
Total	3,545,109	$3,336,009,257	50,577,902	100.00%	100.00%	100.00%

Note: This table reflects fee-for-service data only.

(1) Discrete Patients contains the actual count of patients who received at least one medical service during the fiscal year.

Table 2.12 A
Distribution of Fee-for-Service Physicians by Specialty for the Service Years Ended March 31, 2012 to March 31, 2016

Physician Specialty	Number of Physicians				
	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Total: All Physicians	7,015	7,381	7,743	8,176	8,585
Subtotal:					
All Physicians (except Pathology)	6,996	7,369	7,731	8,161	8,569
All Specialists (except GP/FPs & Pathology)	3,089	3,268	3,444	3,624	3,774
Physicians by Specialty					
Anaesthesiology	385	396	400	413	427
Cardiovascular and Thoracic Surgery	22	25	25	23	23
Dermatology	45	47	45	54	54
Emergency Medicine	108	118	131	134	147
General/Family Physicians (GP/FPs)	3,907	4,101	4,287	4,537	4,795
- General/Family Physicians	3,667	3,842	4,017	4,224	4,509
- Full-Time Emergency Room Physicians	209	226	235	281	255
- Mental Health Generalists	16	18	17	15	13
- Other General Practice Physicians (1)	15	15	18	17	18
General Surgery	193	195	193	202	208
- General Surgery designated specialty	175	177	176	184	188
- Other General Surgery (1)	18	18	17	18	20
Internal Medicine	597	645	699	766	813
- Internal Medicine designated specialty	278	308	312	346	349
- Cardiology	74	81	94	96	105
- Endocrinology/Metabolism	3	3	4	6	7
- Gastroenterology	46	59	65	79	78
- Infectious Diseases	18	20	18	26	29
- Other Internal Medicine (1)	178	174	206	213	245
Neurology	47	52	60	74	67
Neurosurgery	16	21	15	18	22
Obstetrics-Gynaecology	196	193	209	219	222
Ophthalmology	113	116	119	128	127
Orthopaedic Surgery	147	164	175	182	184
Otolaryngology	63	63	68	67	70
Paediatrics	268	303	326	322	349
Physical Medicine & Rehabilitation	34	41	44	48	49
Plastic Surgery	55	54	62	63	66
Psychiatry	423	450	473	492	508
Urology	48	47	52	54	56
Pathology	19	12	12	15	16
Radiology	329	338	348	365	382

Note: This table reflects fee-for-service data only.

(1) For details on this physician specialty category refer to the Glossary/Definitions section.

Table 2.12 B
Distribution of Average Gross Payments
for the Service Years Ended March 31, 2012 to March 31, 2016

Physician Specialty	Average Payment				
	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Total: All Physicians	$349,274	$350,216	$358,825	$371,012	$388,586
Subtotal:					
All Physicians (except Pathology)	349,111	349,696	358,261	370,516	388,158
All Specialists (except GP/FPs & Pathology)	443,323	443,711	459,138	476,082	500,385
Physicians by Specialty					
Anaesthesiology	344,431	351,140	368,653	380,984	383,339
Cardiovascular and Thoracic Surgery	642,949	591,802	603,635	719,167	688,620
Dermatology	733,252	744,914	805,226	702,525	736,991
Emergency Medicine	271,454	272,883	280,771	296,787	313,487
General/Family Physicians (GP/FPs)	274,624	274,778	277,221	286,194	299,827
- General/Family Physicians	272,596	272,375	273,991	283,642	297,745
- Full-Time Emergency Room Physicians	319,825	322,533	340,502	329,958	344,551
- Mental Health Generalists	331,156	350,899	388,254	427,947	418,201
- Other General Practice Physicians (1)	80,536	79,366	66,941	71,817	102,293
General Surgery	437,777	439,316	445,411	447,866	457,007
- General Surgery designated specialty	440,385	439,877	443,716	445,988	457,716
- Other General Surgery (1)	412,424	433,793	462,951	467,066	450,346
Internal Medicine	402,655	407,421	420,892	417,293	432,666
- Internal Medicine designated specialty	333,082	336,758	357,855	359,694	380,955
- Cardiology	758,117	722,607	724,437	770,957	779,881
- Endocrinology/Metabolism	N/A	N/A	N/A	N/A	N/A
- Gastroenterology	445,780	434,092	426,108	377,501	434,950
- Infectious Diseases	91,166	104,420	132,192	88,856	84,886
- Other Internal Medicine (1)	388,407	415,633	406,020	413,367	406,566
Neurology	260,971	259,296	259,531	258,812	325,924
Neurosurgery	N/A	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	449,182	471,021	459,509	486,718	512,825
Ophthalmology	956,283	984,186	1,045,113	1,031,946	1,120,250
Orthopaedic Surgery	439,891	407,587	407,694	430,630	460,161
Otolaryngology	510,312	548,998	539,892	607,869	623,634
Paediatrics	228,703	220,355	228,694	257,737	261,614
Physical Medicine & Rehabilitation	299,788	328,849	356,922	378,196	376,420
Plastic Surgery	433,523	442,216	420,019	466,361	480,325
Psychiatry	301,440	295,344	307,941	325,070	347,474
Urology	564,097	608,251	575,376	576,823	621,909
Pathology	409,293	669,257	722,185	640,526	617,712
Radiology	850,058	869,849	944,668	997,223	1,090,305

Note: This table reflects fee-for-service data only.

Continued...

(1) For details on this physician specialty category refer to the Glossary/Definitions section.

Table 2.12 B

Distribution of Average Gross Payments Percentage Change for the Service Years Ended March 31, 2012 to March 31, 2016

Physician Specialty	Percentage Change			
	2012/2013	2013/2014	2014/2015	2015/2016
Total: All Physicians	0.27%	2.46%	3.40%	4.74%
Subtotal:				
All Physicians (except Pathology)	0.17	2.45	3.42	4.76
All Specialists (except GP/FPs & Pathology)	0.09	3.48	3.69	5.10
Physicians by Specialty				
Anaesthesiology	1.95	4.99	3.35	0.62
Cardiovascular and Thoracic Surgery	(7.96)	2.00	19.14	(4.25)
Dermatology	1.59	8.10	(12.75)	4.91
Emergency Medicine	0.53	2.89	5.70	5.63
General/Family Physicians (GP/FPs)	0.06	0.89	3.24	4.76
- General/Family Physicians	(0.08)	0.59	3.52	4.97
- Full-Time Emergency Room Physicians	0.85	5.57	(3.10)	4.42
- Mental Health Generalists	5.96	10.65	10.22	(2.28)
- Other General Practice Physicians (1)	(1.45)	(15.65)	7.28	42.44
General Surgery	0.35	1.39	0.55	2.04
- General Surgery designated specialty	(0.12)	0.87	0.51	2.63
- Other General Surgery (1)	5.18	6.72	0.89	(3.58)
Internal Medicine	1.18	3.31	(0.86)	3.68
- Internal Medicine designated specialty	1.10	6.26	0.51	5.91
- Cardiology	(4.68)	0.25	6.42	1.16
- Endocrinology/Metabolism	N/A	N/A	N/A	N/A
- Gastroenterology	(2.62)	(1.84)	(11.41)	15.22
- Infectious Diseases	14.54	26.60	(32.78)	(4.47)
- Other Internal Medicine (1)	7.01	(2.31)	1.81	(1.65)
Neurology	(0.64)	0.09	(0.28)	25.93
Neurosurgery	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	4.86	(2.44)	5.92	5.36
Ophthalmology	2.92	6.19	(1.26)	8.56
Orthopaedic Surgery	(7.34)	0.03	5.63	6.86
Otolaryngology	7.58	(1.66)	12.59	2.59
Paediatrics	(3.65)	3.78	12.70	1.50
Physical Medicine & Rehabilitation	9.69	8.54	5.96	(0.47)
Plastic Surgery	2.00	(5.02)	11.03	2.99
Psychiatry	(2.02)	4.27	5.56	6.89
Urology	7.83	(5.40)	0.25	7.82
Pathology	63.52	7.91	(11.31)	(3.56)
Radiology	2.33	8.60	5.56	9.33

Note: This table reflects fee-for-service data only.

(1) For details on this physician specialty category refer to the Glossary/Definitions section.

Table 2.12 C
Distribution of Median Gross Payments for the Service Years Ended March 31, 2012 to March 31, 2016

Physician Specialty	Median Payment				
	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Total: All Physicians	$282,214	$281,546	$284,604	$292,229	$306,312
Subtotal:					
All Physicians (except Pathology)	282,744	281,908	285,199	292,384	306,618
All Specialists (except GP/FPs & Pathology)	355,076	349,081	353,761	373,988	387,324
Physicians by Specialty					
Anaesthesiology	349,260	348,581	372,361	389,015	380,753
Cardiovascular and Thoracic Surgery	638,480	620,407	693,964	724,310	770,482
Dermatology	628,701	648,029	688,846	611,443	687,418
Emergency Medicine	269,863	271,116	280,595	297,059	320,229
General/Family Physicians (GP/FPs)	250,540	249,160	246,988	252,172	267,368
- General/Family Physicians	247,108	243,077	242,045	247,509	262,942
- Full-Time Emergency Room Physicians	301,251	307,339	327,164	314,442	342,014
- Mental Health Generalists	368,126	365,580	411,934	423,623	401,543
- Other General Practice Physicians (1)	23,416	30,333	16,961	27,596	22,158
General Surgery	457,597	458,904	442,229	463,442	476,452
- General Surgery designated specialty	456,016	454,401	440,031	464,217	479,974
- Other General Surgery (1)	498,157	471,902	533,880	445,530	451,933
Internal Medicine	334,956	340,975	340,250	322,762	340,351
- Internal Medicine designated specialty	287,781	258,497	309,268	309,316	322,542
- Cardiology	694,939	694,280	698,930	753,839	779,782
- Endocrinology/Metabolism	N/A	N/A	N/A	N/A	N/A
- Gastroenterology	469,210	466,193	417,286	296,785	425,007
- Infectious Diseases	68,643	69,631	113,364	53,000	45,870
- Other Internal Medicine (1)	304,843	338,265	304,183	328,361	285,031
Neurology	287,452	242,163	244,297	204,520	283,686
Neurosurgery	N/A	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	376,841	408,082	375,705	456,410	457,809
Ophthalmology	834,273	787,018	783,833	781,211	847,004
Orthopaedic Surgery	476,919	457,840	441,849	458,506	482,624
Otolaryngology	560,535	566,072	555,012	613,425	621,495
Paediatrics	160,250	167,328	167,043	203,783	226,816
Physical Medicine & Rehabilitation	226,356	296,260	331,405	346,830	330,918
Plastic Surgery	443,899	443,461	412,877	471,545	514,866
Psychiatry	274,895	266,840	281,209	294,854	315,069
Urology	553,707	583,421	571,993	571,968	595,433
Pathology	1,331	2,417	4,610	2,763	4,777
Radiology	679,816	674,999	740,212	779,063	782,593

Note: This table reflects fee-for-service data only.

Continued...

(1) For details on this physician specialty category refer to the Glossary/Definitions section.

Table 2.12 C

Distribution of Median Gross Payments Percentage Change for the Service Years Ended March 31, 2012 to March 31, 2016

Physician Specialty	Percentage Change			
	2012/2013	2013/2014	2014/2015	2015/2016
Total: All Physicians	(0.24%)	1.09%	2.68%	4.82%
Subtotal:				
All Physicians (except Pathology)	(0.30)	1.17	2.52	4.87
All Specialists (except GP/FPs & Pathology)	(1.69)	1.34	5.72	3.57
Physicians by Specialty				
Anaesthesiology	(0.19)	6.82	4.47	(2.12)
Cardiovascular and Thoracic Surgery	(2.83)	11.86	4.37	6.37
Dermatology	3.07	6.30	(11.24)	12.43
Emergency Medicine	0.46	3.50	5.87	7.80
General/Family Physicians (GP/FPs)	(0.55)	(0.87)	2.10	6.03
- General/Family Physicians	(1.63)	(0.42)	2.26	6.24
- Full-Time Emergency Room Physicians	2.02	6.45	(3.89)	8.77
- Mental Health Generalists	(0.69)	12.68	2.84	(5.21)
- Other General Practice Physicians (1)	29.54	(44.09)	62.71	(19.71)
General Surgery	0.29	(3.63)	4.80	2.81
- General Surgery designated specialty	(0.35)	(3.16)	5.50	3.39
- Other General Surgery (1)	(5.27)	13.13	(16.55)	1.44
Internal Medicine	1.80	(0.21)	(5.14)	5.45
- Internal Medicine designated specialty	(10.18)	19.64	0.02	4.28
- Cardiology	(0.09)	0.67	7.86	3.44
- Endocrinology/Metabolism	N/A	N/A	N/A	N/A
- Gastroenterology	(0.64)	(10.49)	(28.88)	43.20
- Infectious Diseases	1.44	62.81	(53.25)	(13.45)
- Other Internal Medicine (1)	10.96	(10.08)	7.95	(13.20)
Neurology	(15.76)	0.88	(16.28)	38.71
Neurosurgery	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	8.29	(7.93)	21.48	0.31
Ophthalmology	(5.66)	(0.40)	(0.33)	8.42
Orthopaedic Surgery	(4.00)	(3.49)	3.77	5.26
Otolaryngology	0.99	(1.95)	10.52	1.32
Paediatrics	4.42	(0.17)	21.99	11.30
Physical Medicine & Rehabilitation	30.88	11.86	4.65	(4.59)
Plastic Surgery	(0.10)	(6.90)	14.21	9.19
Psychiatry	(2.93)	5.38	4.85	6.86
Urology	5.37	(1.96)	(0.00)	4.10
Pathology	81.52	90.75	(40.06)	72.89
Radiology	(0.71)	9.66	5.25	0.45

Note: This table reflects fee-for-service data only.

(1) For details on this physician specialty category refer to the Glossary/Definitions section.

Table 2.13

Distribution of Gross Payments by Payment Range and Specialty (1) (2)

for the Service Year April 1, 2015 to March 31, 2016

Dollar Range	All Physicians		All Physicians (except Pathology)		All Specialties (except General/Family Physicians and Pathology)		Anaesthesiology		Cardiovascular and Thoracic Surgery	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	$1,277,133	446	$1,258,569	437	$607,034	275	$9,054	2		
10,000 - 19,999	2,493,715	168	2,457,058	166	1,142,507	76	168,875	12		
20,000 - 39,999	8,323,988	282	8,323,988	282	3,301,840	112	202,562	7		
40,000 - 59,999	11,851,975	241	11,851,975	241	4,435,817	90	268,274	5		
60,000 - 79,999	15,184,285	218	15,184,285	218	6,270,975	90	553,579	8	72,694	1
80,000 - 99,999	23,580,176	262	23,580,176	262	7,254,218	81	1,002,481	11		
100,000 - 119,999	25,634,720	232	25,517,706	231	8,503,321	78	420,986	4	100,261	1
120,000 - 139,999	28,664,436	220	28,664,436	220	7,028,891	54	640,233	5		
140,000 - 159,999	40,529,591	271	40,529,591	271	11,511,800	77	1,033,504	7		
160,000 - 179,999	44,049,584	260	44,049,584	260	13,577,486	80	3,054,053	18		
180,000 - 199,999	48,389,265	255	48,206,241	254	13,764,704	72	2,120,063	11		
200,000 - 299,999	338,095,520	1,355	338,095,520	1,355	106,071,961	423	15,971,066	63	286,867	1
300,000 - 399,999	443,740,119	1,274	443,740,119	1,274	151,284,441	433	25,000,599	72	1,062,442	3
400,000 - 499,999	428,418,856	961	427,969,596	960	189,774,645	424	34,255,376	77	446,597	1
500,000 - 599,999	378,255,359	691	378,255,359	691	208,808,984	380	41,921,330	77		
600,000 - 699,999	276,127,646	427	276,127,646	427	169,954,899	263	14,190,254	22	1,935,893	3
700,000 - 799,999	215,592,779	290	215,592,779	290	129,852,287	175	9,641,062	13	3,043,803	4
800,000 - 899,999	164,377,744	194	164,377,744	194	112,278,350	132	5,036,912	6	2,507,474	3
900,000 - 999,999	118,503,187	125	118,503,187	125	89,062,538	94	990,603	1	3,748,604	4
1,000,000 - 1,999,999	399,253,083	301	399,253,083	301	347,245,272	258	7,204,722	6	2,633,622	2
2,000,000 & Over	323,666,095	112	314,587,222	110	306,721,907	107				
Total	$3,336,009,256	8,585	$3,326,125,865	8,569	$1,888,453,878	3,774	$163,685,587	427	$15,838,257	23

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a physician's income, because they do not include other sources of income. The figures quoted are payments from which physicians pay business expenses, such as office and staff expenses.

Table 2.13

Distribution of Gross Payments by Payment Range and Specialty (1) (2)

for the Service Year April 1, 2015 to March 31, 2016

Dollar Range	Dermatology		Emergency Medicine		All General/Family Physicians		All General Surgery		All Internal Medicine	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	$6,816	5	$15,980	2	$651,535	162	$19,889	3	$191,820	124
10,000 - 19,999			10,471	1	1,314,550	90	92,022	5	299,726	21
20,000 - 39,999			146,964	5	5,022,148	170	77,665	3	983,111	33
40,000 - 59,999	103,002	2			7,416,158	151	284,968	6	1,298,836	27
60,000 - 79,999	147,765	2	140,517	2	8,913,310	128	671,475	10	1,671,055	24
80,000 - 99,999	90,144	1	174,910	2	16,325,958	181	80,090	1	1,719,567	19
100,000 - 119,999			555,877	5	17,014,386	153	542,699	5	1,849,145	17
120,000 - 139,999	369,177	3	267,602	2	21,635,546	166	389,445	3	1,694,840	13
140,000 - 159,999	142,799	1	590,271	4	29,017,791	194	873,113	6	2,279,848	15
160,000 - 179,999			327,441	2	30,472,098	180	830,817	5	3,589,505	21
180,000 - 199,999			761,058	4	34,441,536	182	577,580	3	2,110,818	11
200,000 - 299,999	482,800	2	9,130,381	36	232,023,559	932	3,952,705	16	13,972,573	56
300,000 - 399,999	372,634	1	14,888,241	42	292,455,677	841	4,531,963	13	21,345,078	61
400,000 - 499,999	1,780,741	4	13,054,676	30	238,194,951	536	13,497,911	30	36,642,633	82
500,000 - 599,999	1,696,290	3	3,854,205	7	169,446,375	311	20,872,112	38	33,291,933	60
600,000 - 699,999	1,876,558	3	639,227	1	106,172,747	164	17,463,211	27	29,242,704	45
700,000 - 799,999	2,948,323	4	1,524,770	2	85,740,492	115	12,671,469	17	33,564,544	45
800,000 - 899,999	3,467,286	4			52,099,394	62	7,625,974	9	29,794,293	35
900,000 - 999,999	3,842,435	4			29,440,649	31	1,839,236	2	27,438,612	29
1,000,000 - 1,999,999	15,681,936	12			52,007,811	43	6,050,794	5	90,194,632	68
2,000,000 & Over	6,788,829	3			7,865,315	3	2,112,317	1	18,582,309	7
Total	$39,797,533	54	$46,082,591	147	$1,437,671,988	4,795	$95,057,455	208	$351,757,581	813

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a physician's income, because they do not include other sources of income. The figures quoted are payments from which physicians pay business expenses, such as office and staff expenses.

Table 2.13

Distribution of Gross Payments by Payment Range and Specialty (1) (2)

for the Service Year April 1, 2015 to March 31, 2016

Dollar Range	Neurology		Neurosurgery		Obstetrics-Gynaecology		Ophthalmology		Orthopaedic Surgery	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	$17,881	9	$28,577	13	$2,936	4	$10,404	2	$16,897	4
10,000 - 19,999	47,682	3	19,512	1	33,468	2	12,871	1	55,695	4
20,000 - 39,999	123,850	4	61,677	2	152,445	6	53,007	2	252,639	8
40,000 - 59,999	88,171	2	101,726	2	230,077	5	200,077	4	99,588	2
60,000 - 79,999	64,551	1	137,032	2	423,494	6	145,723	2	263,371	4
80,000 - 99,999	187,415	2			687,378	8	88,656	1	373,475	4
100,000 - 119,999	211,903	2	112,389	1	340,627	3			847,164	8
120,000 - 139,999					392,920	3			386,863	3
140,000 - 159,999					462,760	3			605,620	4
160,000 - 179,999	178,656	1			522,696	3			334,753	2
180,000 - 199,999	375,703	2			183,849	1	775,730	4	366,918	2
200,000 - 299,999	2,038,275	8	204,774	1	5,430,158	22	763,445	3	2,696,247	11
300,000 - 399,999	2,569,093	7			11,975,879	34	3,616,971	10	6,117,204	17
400,000 - 499,999	3,142,912	7			10,449,983	23	4,034,867	9	11,005,860	24
500,000 - 599,999	3,354,660	6			18,864,217	34	4,409,141	8	16,986,054	31
600,000 - 699,999	4,399,914	7			9,619,595	15	3,850,008	6	17,386,733	27
700,000 - 799,999	1,454,173	2			7,333,990	10	5,847,359	8	6,767,860	9
800,000 - 899,999	1,689,027	2			10,163,466	12	8,590,186	10	8,534,378	10
900,000 - 999,999	1,893,017	2			8,578,104	9	5,720,484	6	3,790,373	4
1,000,000 - 1,999,999					21,324,974	16	42,046,685	30	5,354,784	5
2,000,000 & Over					6,674,174	3	62,106,170	21	2,427,206	1
Total	$21,836,885	67	$665,686	22	$113,847,190	222	$142,271,782	127	$84,669,682	184

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a physician's income, because they do not include other sources of income. The figures quoted are payments from which physicians pay business expenses, such as office and staff expenses.

Table 2.13

Distribution of Gross Payments by Payment Range and Specialty (1) (2)

for the Service Year April 1, 2015 to March 31, 2016

Dollar Range	Otolaryngology		Paediatrics		Pathology		Physical Medicine and Rehabilitation		Plastic Surgery	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	$1,042	3	$164,045	69	$18,563	9	$3,783	1	$15,971	3
10,000 - 19,999	17,375	1	139,301	9	36,657	2				
20,000 - 39,999	29,307	1	384,430	13					83,998	3
40,000 - 59,999			730,924	14			199,256	4	44,350	1
60,000 - 79,999	63,132	1	630,495	9			151,016	2	79,934	1
80,000 - 99,999	98,615	1	731,578	8			190,537	2	88,326	1
100,000 - 119,999			977,573	9			211,177	2		
120,000 - 139,999	138,240	1	523,047	4						
140,000 - 159,999			1,787,473	12	117,013	1	154,047	1		
160,000 - 179,999	163,458	1	856,510	5			342,592	2		
180,000 - 199,999	184,475	1	967,808	5	183,024	1	182,474	1	188,788	1
200,000 - 299,999	1,582,778	6	16,046,781	64			1,683,631	7	1,800,072	7
300,000 - 399,999	1,026,319	3	15,291,355	44			2,448,410	7	2,125,776	6
400,000 - 499,999	1,741,686	4	12,586,732	28	449,260	1	1,753,411	4	4,087,623	9
500,000 - 599,999	3,866,863	7	12,112,045	22			4,366,648	8	6,072,369	11
600,000 - 699,999	9,185,338	14	8,370,180	13			1,317,285	2	9,094,369	14
700,000 - 799,999	4,468,321	6	8,019,960	11			1,491,164	2	3,592,822	5
800,000 - 899,999	4,146,061	5	3,358,591	4			896,422	1		
900,000 - 999,999	6,632,944	7	958,779	1			1,954,826	2	1,905,290	2
1,000,000 - 1,999,999	10,308,425	8	6,665,601	5			1,097,880	1	2,521,785	2
2,000,000 & Over					9,078,873	2				
Total	$43,654,380	70	$91,303,207	349	$9,883,391	16	$18,444,560	49	$31,701,473	66

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a physician's income, because they do not include other sources of income. The figures quoted are payments from which physicians pay business expenses, such as office and staff expenses.

Table 2.13

Distribution of Gross Payments by Payment Range and Specialty [(1)(2)]

for the Service Year April 1, 2015 to March 31, 2016

Dollar Range	All Psychiatry		Radiology		Urology	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	$29,642	8	$72,297	23		
10,000 - 19,999	127,828	8	117,681	8		
20,000 - 39,999	428,859	15	321,326	10		
40,000 - 59,999	381,607	8	362,262	7	42,700	1
60,000 - 79,999	554,651	8	435,508	6	64,983	1
80,000 - 99,999	1,311,029	15	430,016	5		
100,000 - 119,999	1,773,015	16	447,100	4	113,404	1
120,000 - 139,999	1,589,949	12	392,554	3	244,023	2
140,000 - 159,999	2,687,348	18	895,018	6		
160,000 - 179,999	2,714,240	16	662,764	4		
180,000 - 199,999	4,033,686	21	935,753	5		
200,000 - 299,999	23,139,890	93	5,364,445	21	1,525,074	6
300,000 - 399,999	30,944,673	90	6,927,824	20	1,039,979	3
400,000 - 499,999	30,179,197	67	8,373,031	19	2,741,407	6
500,000 - 599,999	26,316,691	48	5,901,579	11	4,922,846	9
600,000 - 699,999	21,168,843	33	14,997,534	23	5,217,254	8
700,000 - 799,999	11,964,656	16	12,607,754	17	2,910,257	4
800,000 - 899,999	6,720,786	8	16,362,909	19	3,384,588	4
900,000 - 999,999	2,782,135	3	12,175,135	13	4,811,961	5
1,000,000 - 1,999,999	5,133,963	4	125,262,335	89	5,763,134	5
2,000,000 & Over	2,533,981	1	203,451,644	69	2,045,278	1
Total	$176,516,670	508	$416,496,470	382	$34,826,889	56

Note: This table reflects fee-for-service data only.

(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a physician's income, because they do not include other sources of income. The figures quoted are payments from which physicians pay business expenses, such as office and staff expenses.

Table 2.14

Number of Full-Time Equivalent Physicians by Specialty (1)

for the Service Year April 1, 2015 to March 31, 2016

Physicians by Specialty	Number of Physicians	Number of Full-Time Equivalent Physicians (2)	Proportion of Full-Time Equivalent Physicians		Average Payment per Full-Time Equivalent Physician	Number of Registered Persons per Full-Time Equivalent Physician
			Above 60th Percentile	Below 40th Percentile		
All Physicians (except Pathology and Radiology) (3)	8,180	7,176.8	33.2	49.5	$405,295	620
All Specialists (except GP/FPs & Laboratory)	3,385	2,846.7	32.1	51.3	516,757	1,563
Physicians by Specialty						
Anaesthesiology	427	370.6	34.0	48.5	441,657	12,006
Cardiovascular and Thoracic Surgery	23	20.1	34.8	43.5	789,217	221,717
Dermatology	54	42.7	29.6	53.7	933,018	104,314
Emergency Medicine	147	131.3	36.7	44.2	350,932	33,884
General/Family Physicians (GP/FPs)	4,795	4,242.3	33.8	48.3	338,889	1,049
- General/Family Physicians	4,496	3,966.9	33.7	48.5	336,849	558
- Full-Time Emergency Room Physicians	255	234.9	36.1	45.5	373,972	18,939
- Mental Health Generalists	26	25.8	38.5	38.5	421,299	172,402
- Other General Practice Physicians (4)	18	14.7	27.8	50.0	125,184	302,512
General Surgery	208	170.5	33.2	50.0	557,507	26,096
- General Surgery designated specialty	188	154.5	33.0	49.5	557,052	28,804
- Other General Surgery (4)	20	16.2	30.0	50.0	557,332	275,326
Internal Medicine	806	591.3	28.2	57.2	593,324	7,525
- Internal Medicine designated specialty	349	267.4	28.4	56.2	497,208	16,640
- Cardiology	105	87.4	34.3	48.6	937,354	50,933
- Gastroenterology	78	49.7	25.6	61.5	683,215	89,605
- Infectious Diseases	29	16.9	13.8	62.1	145,730	263,406
- Other Internal Medicine (4)	245	169.1	27.3	58.8	588,894	26,306
Neurology	67	43.8	23.9	61.2	499,070	101,691
Neurosurgery	22	10.2	9.1	68.2	65,464	437,569
Obstetrics-Gynaecology	222	202.3	34.7	46.8	562,645	21,990
Ophthalmology	127	129.8	37.8	42.5	1,096,381	34,289
Orthopaedic Surgery	184	152.1	33.7	48.9	556,550	29,247
Otolaryngology	70	61.6	34.3	47.1	709,146	72,280
Paediatrics	349	257.4	27.8	57.0	354,680	17,285
Physical Medicine and Rehabilitation	49	37.5	24.5	59.2	491,556	118,581
Plastic Surgery	66	56.8	34.8	42.4	558,404	78,375
Psychiatry	508	472.4	36.6	44.1	373,683	9,419
Urology	56	53.4	37.5	44.6	652,019	83,302

Table 2.14

Number of Full-Time Equivalent Physicians by Specialty [1] for the Service Year April 1, 2015 to March 31, 2016

Note: This table reflects fee-for-service data only.

(1) *The full-time equivalent physician calculations for fee-for-service reflect the fact that some physician specialties are now being paid primarily through Alternative Relationship Plans rather than through fee-for-service claims.*

(2) *Full-Time Equivalent methodology is as follows:*

Definition of a Full-Time Equivalent Physician is based on the methodology developed in 1984 by Health Canada.

Step 1 - *Within each specialty or group of specialists, rank the amounts paid in ascending order; the lower and upper benchmarks are the payment values which correspond to the 40th and 60th percentile for those physicians with claims in all four quarters of the fiscal year.*

Step 2 - *Count all physicians with payments within the lower and upper benchmark as one full-time equivalent.*

- *Count all physicians with payments below the lower benchmark as a fraction of a full-time equivalent equal to the ratio of his/her payments to the lower benchmark.*
- *Count all physicians with payments above the upper benchmark using a log-linear relationship, as one full-time equivalent plus the natural logarithm of the ratio of his/her payments to the upper benchmark. The reason for attributing diminishing weight to payments above the upper benchmark is to prevent outliers from seriously biasing the measure. This is not necessary on the lower benchmark because payments less than zero are not recorded and, as such, a natural barrier exists to prevent bias at the lower end.*
- *Since the benchmarks for the calculations of full-time equivalents in past Statistical Supplements are re-calculated based on the payments within each given year, and payments over time are not adjusted for fee changes, the full-time equivalents in this table should not be compared with those released in previous versions of the Statistical Supplement.*

(3) *16 Pathology and 382 Radiology physicians and 7 Endocrinology/Metabolism physicians are excluded.*

(4) *For details on this physician specialty category refer to the Glossary/Definitions section.*

Table 2.15

Distribution of Physician Payments by Type of Service and Specialty (1) (2) for the Service Year April 1, 2015 to March 31, 2016

Physicians by Specialty	Total	Consultations	Assessments	
			Major	Other
Total: All Physicians	$3,336,009,256	$358,181,778	$323,445,891	$983,960,404
Subtotal				
All Physicians (except Pathology)	3,326,125,865	357,819,713	323,445,891	983,920,753
All Specialists (except GP/FPs & Pathology)	1,888,453,878	321,263,553	52,084,633	201,730,112
Physicians by Specialty				
Anaesthesiology	163,685,587	6,925,842	53,312	14,801,667
Cardiovascular and Thoracic Surgery	15,838,257	1,810,645	12,136	781,488
Dermatology	39,797,533	10,085,450	2,750,039	5,300,494
Emergency Medicine	46,082,591	2,698,722	367,164	29,692,366
General/Family Physicians (GP/FPs)	1,437,671,988	36,556,160	271,361,258	782,190,640
- General/Family Physicians	1,342,533,535	32,677,378	270,298,671	721,976,101
- Full-Time Emergency Room Physicians	87,860,567	3,754,425	814,185	59,447,075
- Mental Health Generalists	5,436,615	29,834	148,462	353,258
- Other General Practice Physicians (3)	1,841,271	94,523	99,940	414,206
General Surgery	95,057,455	27,331,692	161,873	6,994,291
- General Surgery designated specialty	86,050,527	25,292,687	153,013	6,112,349
- Other General Surgery (3)	9,006,929	2,039,005	8,860	881,942
Internal Medicine	351,757,581	114,960,794	7,777,780	40,474,720
- Internal Medicine designated specialty	132,953,311	59,151,343	4,822,772	20,302,037
- Cardiology	81,887,506	18,885,794	573,127	5,780,575
- Endocrinology/Metabolism	920,422	360,927	35,555	129,937
- Gastroenterology	33,926,067	13,608,314	339,158	2,438,639
- Infectious Diseases	2,461,681	1,630,089	70,008	568,370
- Other Internal Medicine (3)	99,608,594	21,324,327	1,937,159	11,255,163
Neurology	21,836,885	13,931,485	637,611	2,934,302
Neurosurgery	665,686	94,573	49	32,344
Obstetrics-Gynaecology	113,847,190	18,861,085	3,365,382	23,978,949
Ophthalmology	142,271,782	14,930,701	15,071,380	12,832,481
Orthopaedic Surgery	84,669,682	17,556,189	460,807	7,324,737
Otolaryngology	43,654,380	8,944,406	345,873	2,676,496
Paediatrics	91,303,207	27,455,440	16,104,342	36,671,152
Physical Medicine and Rehabilitation	18,444,560	7,471,929	16,284	3,959,060
Plastic Surgery	31,701,473	4,405,157	882,862	2,768,441
Psychiatry designated specialty	176,516,670	34,652,321	3,443,758	5,186,746
Urology	34,826,889	8,764,236	595,192	3,498,414
Pathology	9,883,391	362,066		39,651
Radiology	416,496,470	382,887	38,789	1,821,966

Note: This table reflects fee-for-service data only.

Continued...

(1) The payment totals by specialty have been rounded.

(2) A blank cell represents a zero value.

(3) For details on this physician specialty category refer to the Glossary/Definitions section.

Table 2.15

Distribution of Physician Payments by Type of Service and Specialty (1) (2) for the Service Year April 1, 2015 to March 31, 2016

Physicians by Specialty	Hospital Care Days	Special Calls	Psychotherapy/ Counselling	Major Surgery
Total: All Physicians	$95,985,149	$45,021,582	$208,263,111	$366,896,399
Subtotal				
All Physicians (except Pathology)	95,985,149	45,021,582	208,263,111	366,896,399
All Specialists (except GP/FPs & Pathology)	47,972,642	1,804,771	113,880,208	333,461,119
Physicians by Specialty				
Anaesthesiology	127,319	13,194	879,760	92,615,548
Cardiovascular and Thoracic Surgery	501,564	1,705	624	12,029,616
Dermatology	30,788	2,910	729	8,736,689
Emergency Medicine	29,610	61,382	559,503	624,475
General/Family Physicians (GP/FPs)	48,012,507	43,216,811	94,382,905	33,435,280
- General/Family Physicians	47,931,189	42,905,178	88,095,955	32,009,373
- Full-Time Emergency Room Physicians	12,321	309,095	988,196	1,425,793
- Mental Health Generalists	692	1,483	4,576,043	
- Other General Practice Physicians (3)	68,305	1,055	722,711	114
General Surgery	2,814,746	92,870	20,373	41,031,941
- General Surgery designated specialty	2,709,811	88,533	20,373	35,664,174
- Other General Surgery (3)	104,935	4,337		5,367,766
Internal Medicine	36,142,653	298,163	96,973	8,279,723
- Internal Medicine designated specialty	23,798,020	181,834	53,650	127,857
- Cardiology	4,053,812	50,686	373	7,266,488
- Endocrinology/Metabolism	13,810	148		
- Gastroenterology	992,629	4,967	2,021	19,644
- Infectious Diseases	147,456	3,057		
- Other Internal Medicine (3)	7,136,926	57,471	40,930	865,734
Neurology	1,105,404	10,786	17,989	6,587
Neurosurgery	7,197		21,202	438,339
Obstetrics-Gynaecology	1,594,780	1,098,790	11,091	14,069,659
Ophthalmology	3,519	45,689		41,211,732
Orthopaedic Surgery	561,023	21,683	24,534	57,353,869
Otolaryngology	100,788	13,566	704	14,093,726
Paediatrics	4,035,566	50,253	1,468,948	240,698
Physical Medicine and Rehabilitation	518,316		936,780	24,717
Plastic Surgery	14,781	6,734	2,483	21,961,175
Psychiatry designated specialty	1,946	78,187	109,807,246	
Urology	382,512	8,858	28,248	15,105,983
Pathology				
Radiology	130		3,021	5,636,642

Note: This table reflects fee-for-service data only.

Continued...

(1) The payment totals by specialty have been rounded.

(2) A blank cell represents a zero value.

(3) For details on this physician specialty category refer to the Glossary/Definitions section.

Table 2.15

Distribution of Physician Payments by Type of Service and Specialty (1) (2) for the Service Year April 1, 2015 to March 31, 2016

Physicians by Specialty	Minor Surgery	Surgical Assistance	Anaesthesia	Obstetrical Services	Diagnostic & Therapeutic Services - Radiology
Total: All Physicians	$28,173,282	$946	$38,494,297	$52,194,599	$401,322,812
Subtotal					
All Physicians (except Pathology)	28,173,282	946	38,494,297	52,194,599	401,322,812
All Specialists (except GP/FPs & Pathology)	12,549,762	683	31,893,266	34,053,836	400,537,793
Physicians by Specialty					
Anaesthesiology	2,225,724		20,911,945	6,152,194	2,477,424
Cardiovascular and Thoracic Surgery	12,147		72,186		
Dermatology	1,959,467		172,724		
Emergency Medicine	809,826	390	3,847	3,534	
General/Family Physicians (GP/FPs)	15,623,519	263	6,601,032	18,140,763	785,018
- General/Family Physicians	13,211,938		6,587,824	18,134,476	785,018
- Full-Time Emergency Room Physicians	2,406,627	263	13,208	6,287	
- Mental Health Generalists	2,195				
- Other General Practice Physicians (3)	2,759				
General Surgery	1,451,282		58,785	28,020	295
- General Surgery designated specialty	1,421,556		55,698	28,020	295
- Other General Surgery (3)	29,726		3,086		
Internal Medicine	338,239		31,259	53,738	18,562,406
- Internal Medicine designated specialty	268,753		1,516		729,526
- Cardiology	210				17,610,056
- Endocrinology/Metabolism					125
- Gastroenterology	41,551		663		
- Infectious Diseases	6,087				
- Other Internal Medicine (3)	21,638		29,080	53,738	222,698
Neurology	864		696,831		
Neurosurgery	1,564		45,013		20,897
Obstetrics-Gynaecology	40,900		68,909	27,714,902	12,521,000
Ophthalmology	412,133		650		16,340,733
Orthopaedic Surgery	237,212		57,317	4,110	
Otolaryngology	3,622,679	293	100,599	1,696	
Paediatrics	176,670		412	94,024	1,161,800
Physical Medicine and Rehabilitation	3,962		1,592,523		1,221,447
Plastic Surgery	1,176,157		3,803	658	
Psychiatry designated specialty					
Urology	27,053		461,163	839	
Pathology					
Radiology	53,882		7,615,300	122	348,231,791

Note: This table reflects fee-for-service data only.

Continued...

(1) The payment totals by specialty have been rounded.

(2) A blank cell represents a zero value.

(3) For details on this physician specialty category refer to the Glossary/Definitions section.

Table 2.15
Distribution of Physician Payments by Type of Service and Specialty (1) (2)
for the Service Year April 1, 2015 to March 31, 2016

Physicians by Specialty	Laboratory Services	Other Diagnostic & Therapeutic Services	Special Services	Miscellaneous Services
Total: All Physicians	$46,122,547	$299,185,015	$18,860,203	$69,901,242
Subtotal				
All Physicians (except Pathology)	46,122,547	289,708,557	18,854,986	69,901,242
All Specialists (except GP/FPs & Pathology)	46,097,480	245,701,612	3,182,427	42,239,981
Physicians by Specialty				
Anaesthesiology		13,026,286	48,944	3,426,428
Cardiovascular and Thoracic Surgery		472,990		143,155
Dermatology		10,171,397	5,859	580,986
Emergency Medicine		10,118,444	30,398	1,082,932
General/Family Physicians (GP/FPs)	25,067	44,006,946	15,672,560	27,661,260
- General/Family Physicians	25,067	27,240,176	15,606,399	25,048,793
- Full-Time Emergency Room Physicians		16,761,221	57,461	1,864,411
- Mental Health Generalists		4,173	984	319,490
- Other General Practice Physicians (3)		1,376	7,716	428,566
General Surgery		14,073,717	6,788	990,782
- General Surgery designated specialty		13,612,164	6,057	885,795
- Other General Surgery (3)		461,553	731	104,988
Internal Medicine	7,174,270	106,682,072	33,352	10,851,439
- Internal Medicine designated specialty	1,378	21,273,640	18,468	2,222,517
- Cardiology	6,807,844	19,860,787		997,755
- Endocrinology/Metabolism	365,000		20	14,899
- Gastroenterology		16,200,167	2,483	275,831
- Infectious Diseases		26,823	3,189	6,602
- Other Internal Medicine (3)	49	49,320,655	9,192	7,333,835
Neurology		2,301,011	64,460	129,555
Neurosurgery		4,412		96
Obstetrics-Gynaecology		7,504,061	2,723,045	294,638
Ophthalmology		41,252,700	10	170,053
Orthopaedic Surgery		732,626	8,975	326,599
Otolaryngology		13,490,987	5,474	257,093
Paediatrics		3,090,425	42,613	710,861
Physical Medicine and Rehabilitation		2,446,131	185,314	68,098
Plastic Surgery		382,370	14,770	82,081
Psychiatry designated specialty		828,529	543	22,517,394
Urology		5,487,443	734	466,215
Pathology		9,476,458	5,217	
Radiology	38,923,210	13,636,009	11,147	141,574

Note: This table reflects fee-for-service data only.

(1) The payment totals by specialty have been rounded.

(2) A blank cell represents a zero value.

(3) For details on this physician specialty category refer to the Glossary/Definitions section.

Table 2.16
Top 50 Health Service Codes based on Physician Fee-for-Service Payments for the Service Year April 1, 2015 to March 31, 2016

Health Service Code	Health Service Code Description	Payments	Number of Services	Number of Discrete Patients (1)	Average Cost per Discrete Patient	Average Number of Services per Distinct Patient
03.03A	Diagnostic interview and evaluation, described as limited {Limited assessment of a patient's condition requiring a history related to the presenting problems, an examination of the relevant body systems, appropriate records, and advice to the patient}	$635,675,571	13,107,036	3,108,509	204.50	4.2
03.08A	Consultation, described as comprehensive {Comprehensive consultation}	245,904,312	1,537,885	990,367	248.30	1.6
03.04A	Diagnostic interview and evaluation, described as comprehensive {Comprehensive assessment of a patient's condition requiring a complete history, a complete physical examination appropriate to the physician's specialty, an appropriate record and advice to the patient}	245,856,669	2,178,635	1,675,837	146.71	1.3
03.01AA	Diagnostic interview and evaluation, unqualified {After hours time premium}	142,021,120	0	805,797	176.25	0.0
08.19G	Other psychiatric evaluation and interview {Direct contact with an individual patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or general psychiatric counselling, per 15 minutes or major portion thereof}	85,291,872	1,845,926	324,790	262.61	5.7
03.03D	Diagnostic interview and evaluation, described as limited {Hospital visits}	82,631,224	1,463,754	128,001	645.55	11.4
08.19GA	Other psychiatric evaluation and interview {Direct contact with a patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or psychiatric counseling, per 15 minutes or major portion thereof}	53,048,422	965,196	76,689	691.73	12.6
03.03F	Diagnostic interview and evaluation, described as limited {Repeat office visit or scheduled outpatient visit in a regional facility, referred cases only}	42,080,530	430,385	217,924	193.10	2.0
03.04J	Diagnostic interview and evaluation, described as comprehensive {Development, documentation and administration of a comprehensive annual care plan for a patient with complex needs}	38,709,234	199,563	199,110	194.41	1.0

Continued...

Note: This table reflects fee-for-service data only.

(1) The number of Discrete Patients was calculated within each Health Service Code.

Table 2.16

Top 50 Health Service Codes based on Physician Fee-for-Service Payments for the Service Year April 1, 2015 to March 31, 2016

Health Service Code	Health Service Code Description	Payments	Number of Services	Number of Discrete Patients [1]	Average Cost per Discrete Patient	Average Number of Services per Distinct Patient
X107A	Fluoroscopy performed during special diagnostic or therapeutic procedures, including biopsy, endoscopy, intubation, pacemaker insertion and bougienage, etc.	38,083,800	152,019	70,166	542.77	2.2
X310	Ultrasound, abdominal, complete or at least two abdominal organs	37,681,160	189,492	176,503	213.49	1.1
08.19GB	Other psychiatric evaluation and interview {Direct contact with a complex patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or psychiatric counseling, per 15 minutes or major portion thereof}	$33,432,140	548,765	24,471	1,366.19	22.4
08.19A	Consultation, described as comprehensive {Formal major psychiatric consultation, first full 30 minutes or major portion thereof for the first call when only one call is claimed}	28,885,416	356,750	52,462	550.60	6.8
X306	Ultrasound, heart, echocardiogram, complete study	26,630,521	105,387	100,116	266.00	1.1
13.99H	Other miscellaneous diagnostic & therapeutic procedures NEC {Critical care of severely ill or injured patient in a hospital emergency department requiring major treatment intervention(s), per 15 minutes}	25,103,707	428,315	93,434	268.68	4.6
03.05A	Other diagnostic interview and evaluation {Intensive care unit visit per 15 minutes}	24,791,723	401,781	19,612	1,264.11	20.5
03.03B	Diagnostic interview and evaluation, described as limited {Prenatal visit}	23,768,931	523,264	80,690	294.57	6.5
03.04G	Diagnostic interview and evaluation, described as comprehensive {Comprehensive visit in an emergency department, weekdays 1700-2200 hours, weekends and statutory holidays 0700-2200 hours}	22,689,157	206,765	173,516	130.76	1.2
27.72A	Insertion of intraocular lens prosthesis with cataract extraction, one stage {Phacoemulsification cataract extraction, anterior approach, with or without insertion of intraocular lens}	21,971,194	142,498	23,989	915.89	5.9
03.03N	Diagnostic interview and evaluation, described as limited {Home visit - first patient} <<Home Visits>>	19,171,120	189,510	18,229	1,051.68	10.4

Continued...

Note: This table reflects fee-for-service data only.

(1) The number of Discrete Patients was calculated within each Health Service Code.

Table 2.16

Top 50 Health Service Codes based on Physician Fee-for-Service Payments for the Service Year April 1, 2015 to March 31, 2016

Health Service Code	Health Service Code Description	Payments	Number of Services	Number of Discrete Patients [1]	Average Cost per Discrete Patient	Average Number of Services per Distinct Patient
08.19F	Other psychiatric evaluation and interview {Formal, scheduled, professional conference related to the care and treatment of a psychiatric patient with other physician(s), and/or direct therapeutic supervision of, allied health professionals, educational, correctional and other community agencies on behalf of a specific patient, provided by the physician most responsible for the patient's care, per 15 minutes or major portion thereof}	19,069,522	421,282	54,681	348.74	7.7
X 27D	Screening mammography (age 50 to 74 years inclusive)	18,474,459	150,677	150,550	122.71	1.0
01.22	Other nonoperative colonoscopy {Other nonoperative colonoscopy}	18,176,348	157,182	82,622	219.99	1.9
03.04C	Diagnostic interview and evaluation, described as comprehensive {Hospital admission}	17,808,199	89,309	67,174	265.11	1.3
87.98A	Delivery NEC {Vaginal delivery}	17,716,424	35,153	34,280	516.82	1.0
X308	Ultrasound, breast	17,675,653	138,831	83,881	210.72	1.7
03.04F	Diagnostic interview and evaluation, described as comprehensive {Comprehensive visit in an emergency department, weekday, 0700-1700 hours}	16,047,859	145,750	126,813	126.55	1.1
03.04H	Diagnostic interview and evaluation, described as comprehensive {Comprehensive visit in emergency department, 2200-0700 hours}	15,785,822	144,426	123,913	127.39	1.2
X320	Ultrasound, obstetrical, second or third trimester, general fetal assessment	14,713,844	95,080	55,584	264.71	1.7
X314	Ultrasound, pelvis, female, including endo-vaginal (EV) scan	14,688,382	84,931	75,008	195.82	1.1
X128	Bone mineral content determination dual photon absorptiometry with or without vertebral fracture assessment (VFA)	14,490,142	104,051	103,769	139.64	1.0
X315	Ultrasound, pelvis, female, transvesical scan	14,186,116	113,255	93,225	152.17	1.2
16.91G	Insertion of anaesthetic into spinal canal for analgesia {Epidural analgesia for labour and delivery, monitoring and/or top-up/adjustment, each additional full 5 minutes, per patient}	14,110,510	749,969	19,721	715.51	38.0
03.07A	Consultation, described as limited {Minor consultation}	13,525,085	157,542	131,229	103.06	1.2

Continued...

Note: This table reflects fee-for-service data only.

(1) The number of Discrete Patients was calculated within each Health Service Code.

Table 2.16
Top 50 Health Service Codes based on Physician Fee-for-Service Payments for the Service Year April 1, 2015 to March 31, 2016

Health Service Code	Health Service Code Description	Payments	Number of Services	Number of Discrete Patients (1)	Average Cost per Discrete Patient	Average Number of Services per Distinct Patient
03.08I	Consultation described as comprehensive {Prolonged endocrinology/ metabolism, gastroenterology, hematology, infectious diseases, internal medicine, nephrology, physiatry, neurology, respiratory medicine or rheumatology consultation or visit, full 15 minutes or major portion thereof for the first call when only one call is claimed}	13,142,043	281,532	122,921	106.91	2.3
13.99BC	Other miscellaneous diagnostic and therapeutic procedures NEC {Pelvic examination using a speculum requiring swab(s) and/or sample(s) collection; and/or Periodic Papanicolaou Smear}	12,836,217	457,466	409,853	31.32	1.1
03.05JB	Other diagnostic interview and evaluation {Formal, scheduled family conference relating to a specific patient, per 15 minutes or major portion thereof}	12,247,793	241,737	103,165	118.72	2.3
03.52A	Other electrocardiogram {Electrocardiogram, technical}	12,198,096	508,254	430,649	28.32	1.2
28.79B	Other operations on vitreous {Intravitreal injection for drug delivery}	11,963,587	84,771	13,401	892.74	6.3
86.9 D	Cesarean section of unspecified type {Cesarean section of unspecified type following trial of labour for any reason}	11,596,518	95,778	10,242	1,132.25	9.4
93.41A	Total knee replacement (geomedic) (polycentric) {Total knee arthroplasty, including hemiarthroplasty}	11,472,215	163,317	5,236	2,191.03	31.2
03.03E	Diagnostic interview and evaluation, described as limited {Periodic chronic care visit to a long term care patient}	11,060,230	397,850	16,667	663.60	23.9
X311	Ultrasound, kidneys, ureters and bladder	10,644,333	60,314	57,729	184.38	1.0
X171	Thallium myocardial perfusion imaging (rest and exercise)	10,359,065	23,272	23,153	447.42	1.0
X334	Ultrasound, other than shoulder including joints, tendons, ligaments, muscles, single anatomic site	10,117,986	90,124	67,698	149.46	1.3
01.01A	Rhinoscopy {Sinus endoscopy}	9,793,907	84,428	57,117	171.47	1.5

Continued...

Note: This table reflects fee-for-service data only.

(1) The number of Discrete Patients was calculated within each Health Service Code.

Table 2.16
Top 50 Health Service Codes based on Physician Fee-for-Service Payments for the Service Year April 1, 2015 to March 31, 2016

Health Service Code	Health Service Code Description	Payments	Number of Services	Number of Discrete Patients [1]	Average Cost per Discrete Patient	Average Number of Services per Distinct Patient
08.19J	Other psychiatric evaluation and interview {Formal, scheduled, professional conference related to the care and treatment of multiple psychiatric patients with other physician(s), allied health professionals, educational, correctional and other community agencies on behalf of a specific patient, provided by the physician most responsible for the patient's care}	9,740,828	347,414	41,420	235.17	8.4
X157	Bone scan	9,702,725	23,675	23,064	420.69	1.0
03.03LA	Diagnostic interview and evaluation, described as limited {Special callback to hospital emergency/outpatient department, AACC, UCC, auxiliary hospital or nursing home, when specially called from home or office, weekdays 1700-2200 hours, weekends and statutory holidays 0700-2200 hours}	9,637,704	0	72,399	133.12	0.0
X 27	Mammography (both breasts)	9,025,680	55,728	55,192	163.53	1.0

Note: This table reflects fee-for-service data only.

(1) The number of Discrete Patients was calculated within each Health Service Code.

Table 2.17

Physician Services and Payments per 1,000 Insured Persons by Type of Service, and Patient Age and Sex for the Service Year April 1, 2015 to March 31, 2016[1][2]

Age & Sex / Service Type		All Age Groups		Under 1		1 - 4	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	774	$87,287	1,072	$152,962	389	$45,539
	M	637	73,867	1,255	175,045	496	57,205
Major Assessment	F	675	80,752	2,302	229,988	752	85,881
	M	536	64,817	2,333	234,878	785	89,841
Other Assessment	F	4,541	260,980	3,901	281,615	2,959	188,812
	M	3,119	182,206	4,314	313,474	3,251	210,873
Hospital Care Days	F	399	22,636	508	30,189	120	6,927
	M	340	20,532	625	36,548	114	6,801
Special Calls	F	59	12,678	2	5,525	3	6,253
	M	29	7,617	2	7,031	3	7,066
Psychotherapy/Counselling	F	1,169	53,489	10	385	25	1,401
	M	862	40,275	13	448	38	2,090
Major Surgery	F	990	83,949	305	28,425	191	15,061
	M	902	81,007	553	48,459	363	32,950
Minor Surgery	F	95	5,543	87	5,746	77	4,862
	M	117	7,103	103	7,221	111	7,197
Surgical Assistance	F	--	--				
	M	--	--				
Anaesthesiology	F	458	13,994	48	1,160	172	3,544
	M	73	3,430	46	1,159	197	4,122
Obstetrical Services	F	191	23,677	34	4,113		
	M	-	55	36	4,352		
Diagnostic & Therapeutic Services, Radiology	F	1,311	130,538	119	19,601	92	9,589
	M	619	50,769	141	23,184	111	11,355
Laboratory Services	F	61	12,910	--	5	--	1
	M	25	7,879			--	13
Other Diagnostic & Therapeutic Services	F	1,941	67,857	595	37,362	637	14,224
	M	1,711	66,641	739	46,087	826	17,935
Special Services [3]	F	322	7,887	3	37	14	186
	M	63	673	3	30	15	189
Miscellaneous Services [4]	F	867	38,435	204	8,417	392	19,124
	M	684	32,714	250	10,296	395	19,212
Total	F	13,853	902,612	9,188	805,530	5,823	401,404
	M	9,719	$639,587	10,412	$908,212	6,707	$466,848

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

(2) -- equals a non-zero value; actual value too small to be shown.

(3) Special Services include injections, immunizations, pap smears, insertion of IUD.

(4) Miscellaneous Services are a group of health services codes that do not fall into any other health service category.

Table 2.17
Physician Services and Payments per 1,000 Insured Persons by Type of Service, and Patient Age and Sex for the Service Year April 1, 2015 to March 31, 2016(1)(2)

Age & Sex / Service Type		5 - 14		15 - 24		25 - 44	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	330	$35,037	577	$57,281	734	$78,795
	M	425	44,598	380	38,372	399	44,502
Major Assessment	F	386	43,485	464	53,416	598	70,391
	M	402	45,494	281	31,813	331	39,208
Other Assessment	F	1,855	106,228	3,414	206,405	4,651	275,882
	M	1,897	113,111	1,735	106,471	2,144	124,415
Hospital Care Days	F	33	1,950	99	5,669	159	8,913
	M	28	1,627	61	3,735	82	5,291
Special Calls	F	2	3,580	3	9,002	4	8,418
	M	2	3,812	3	4,653	4	3,773
Psychotherapy/Counselling	F	281	13,618	1,313	61,933	1,312	59,392
	M	426	20,892	1,008	48,706	963	44,641
Major Surgery	F	215	15,461	418	29,423	750	54,602
	M	278	19,956	484	35,897	524	42,710
Minor Surgery	F	92	5,250	77	4,411	80	4,619
	M	113	6,696	105	6,589	99	6,180
Surgical Assistance	F	--	1				
	M					--	1
Anaesthesiology	F	92	1,843	502	12,061	1,002	25,749
	M	115	2,280	24	687	30	1,514
Obstetrical Services	F	--	18	213	27,354	521	64,391
	M						
Diagnostic & Therapeutic Services, Radiology	F	154	12,745	547	58,139	1,269	145,726
	M	143	11,195	232	17,152	388	32,645
Laboratory Services	F	1	340	6	1,716	13	3,572
	M	1	197	4	1,064	9	2,723
Other Diagnostic & Therapeutic Services	F	939	13,314	1,110	24,471	1,483	43,126
	M	1,140	15,822	738	20,170	976	31,535
Special Services (3)	F	16	225	252	7,314	456	12,703
	M	17	213	20	232	39	416
Miscellaneous Services (4)	F	728	36,577	699	36,516	469	19,434
	M	714	36,001	560	30,491	355	16,569
Total	F	5,125	289,673	9,695	595,111	13,500	875,713
	M	5,699	$321,895	5,635	$346,031	6,342	$396,122

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

(2) -- equals a non-zero value; actual value too small to be shown.

(3) Special Services include injections, immunizations, pap smears, insertion of IUD.

(4) Miscellaneous Services are a group of health services codes that do not fall into any other health service category.

Table 2.17
Physician Services and Payments per 1,000 Insured Persons by Type of Service, and Patient Age and Sex for the Service Year April 1, 2015 to March 31, 2016[1][2]

Age & Sex / Service Type		45 - 64		65 - 74		75 and Older	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	876	$102,121	1,268	$152,103	1,582	$186,634
	M	759	90,780	1,366	165,797	1,907	227,713
Major Assessment	F	704	86,851	957	121,591	1,254	160,831
	M	581	73,883	950	122,878	1,456	182,989
Other Assessment	F	4,649	256,553	6,432	355,541	10,838	589,160
	M	3,603	204,874	5,953	337,853	10,216	586,176
Hospital Care Days	F	283	17,361	856	51,244	3,325	179,563
	M	322	20,660	1,021	62,517	3,271	186,288
Special Calls	F	18	6,303	71	13,591	837	98,157
	M	17	5,867	58	12,748	451	60,234
Psychotherapy/Counselling	F	1,609	72,951	1,267	58,496	1,170	53,397
	M	1,030	47,770	946	43,409	1,068	48,320
Major Surgery	F	1,428	122,290	2,356	228,248	2,431	234,218
	M	1,221	109,955	2,577	252,737	2,993	303,565
Minor Surgery	F	111	6,298	127	7,395	135	8,602
	M	124	7,285	162	9,595	187	11,587
Surgical Assistance	F						
	M	--	--				
Anaesthesiology	F	151	9,318	202	13,637	169	12,564
	M	79	5,176	127	8,719	139	10,113
Obstetrical Services	F	4	323	--	8	--	5
	M						
Diagnostic & Therapeutic Services, Radiology	F	1,894	186,260	2,662	234,980	2,742	208,593
	M	896	76,827	1,692	135,091	2,293	167,448
Laboratory Services	F	119	24,204	243	48,457	164	35,576
	M	39	12,797	108	32,099	110	33,199
Other Diagnostic & Therapeutic Services	F	2,503	94,924	4,079	171,222	4,708	220,489
	M	2,224	96,059	4,391	207,154	5,813	282,585
Special Services [3]	F	414	9,241	371	6,555	251	3,088
	M	90	952	175	1,835	247	2,525
Miscellaneous Services [4]	F	790	32,819	1,850	89,181	3,421	137,899
	M	602	27,029	1,602	81,029	3,001	133,412
Total	F	15,551	1,027,820	22,740	1,552,249	33,028	2,128,777
	M	11,587	$779,913	21,129	$1,473,460	33,153	$2,236,153

Note: This table reflects fee-for-service data only.

(1) A blank cell represents a zero value.

(2) -- equals a non-zero value; actual value too small to be shown.

(3) Special Services include injections, immunizations, pap smears, insertion of IUD.

(4) Miscellaneous Services are a group of health services codes that do not fall into any other health service category.

Table 2.18

Percentage Change to Rates in the Schedule of Medical Benefits by Specialty for the Years Ended March 31, 2012 to March 31, 2016

Physician Specialty	April 1, 2011	April 1, 2012	April 1, 2013	April 1, 2014	April 1, 2015
Anaesthesia	Nil	Nil	Nil	1.4	0.9
Cardiology	Nil	Nil	Nil	1.6	2.4
Cardiovascular Surgery	Nil	Nil	Nil	1.3	1.4
Critical Care Medicine	Nil	Nil	Nil	1.1	0.8
Dermatology	Nil	Nil	Nil	1.5	1.5
Emergency Medicine	Nil	Nil	Nil	1.5	1.3
Endocrinology/Metabolism	Nil	Nil	Nil	2.6	2.6
Gastroenterology	Nil	Nil	Nil	1.7	2.1
General Practice	Nil	Nil	Nil	3.7	3.6
General Surgery	Nil	Nil	Nil	1.5	2.2
Infectious Diseases	Nil	Nil	Nil	3.4	1.4
Internal Medicine	Nil	Nil	Nil	2.4	3.1
Mental Health Generalists	Nil	Nil	Nil	1.9	2.1
Nephrology	Nil	Nil	Nil	1.9	1.4
Neurology	Nil	Nil	Nil	2.4	2.0
Neurosurgery	Nil	Nil	Nil	2.0	1.8
Obstetrics-Gynaecology	Nil	Nil	Nil	1.7	2.3
Ophthalmology	Nil	Nil	Nil	1.2	1.2
Orthopaedic Surgery	Nil	Nil	Nil	1.6	1.9
Otolaryngology	Nil	Nil	Nil	1.2	1.7
Paediatrics	Nil	Nil	Nil	2.6	2.7
Pathology	Nil	Nil	Nil	2.2	2.6
Physical Medicine and Rehabilitation	Nil	Nil	Nil	2.2	2.0
Plastic Surgery	Nil	Nil	Nil	2.2	2.6
Psychiatry	Nil	Nil	Nil	2.5	1.7
Radiology	Nil	Nil	Nil	1.5	1.8
Respiratory Medicine	Nil	Nil	Nil	1.0	1.4
Rheumatology	Nil	Nil	Nil	5.0	4.2
Thoracic Surgery	Nil	Nil	Nil	1.9	2.0
Urology	Nil	Nil	Nil	1.5	2.0
Vascular Surgery	Nil	Nil	Nil	1.7	2.0
All Physicians	Nil	Nil	Nil	2.5%	2.5%

Table 2.19
Basic Health Services:
Percentage Change to Rates in the Schedules of Benefits for the Years Ended March 31, 2012 to March 31, 2016

Type of Practitioner / Effective Date	Medical	Dentists/ Dental Specialists/ Oral Surgeons	Optometrists	Podiatrists
	(%)	(%)	(%)	(%)
April 1, 2010	4.5	Nil	4.5	Nil
October 1, 2010	Nil	10.2	Nil	9.7
April 1, 2011	Nil	Nil	Nil	Nil
April 1, 2012	Nil	Nil	Nil	Nil
April 1, 2013	Nil	Nil	3.0	Nil
April 1, 2014	2.5	Nil	Nil	Nil
October 1, 2014	Nil	2.2	Nil	1.6
April 1, 2015	2.5	Nil	Nil	Nil
October 1, 2015	Nil	Nil	Nil	Nil

The 2003 Tri-Lateral Master Agreement between Health and Wellness, Alberta Health Services, and the Alberta Medical Association was in effect until March 31, 2011. The new bi-lateral agreement between Alberta Health and the Alberta Medical Association, (ratified May 30, 2013) is retroactively effective from April 1, 2011 to March 31, 2018. Innovative health delivery models are funded using agreements known as Alternative Relationship Plans (ARPs).

The purpose of ARPs is to provide physician funding models other than fee-for-service to promote innovation in clinical service delivery, improved patient care, and/or enhance practitioner satisfaction. Their intent is to advance:

- recruitment and retention of physicians;
- team-based approach to service delivery;
- access to health services for Albertans;
- patient satisfaction; and
- value for money.

Model Type Definitions

Clinical Alternative Relationship Plans

At present, there are 53 Clinical ARPs that use three working models for funding physician services, which are:

- Capitation ARP – This model is used in 2 Clinical ARPs for the provision of family medicine or primary health care. Physician payment is based on a pre-determined amount per rostered patient, per annum within a defined basket of insured health service codes. Patients can be rostered based on a formal roster, or based on geographic area.
- Annualized ARP – This model is used in 34 Clinical ARPs for the delivery of a defined set of clinical services to targeted patient groups. Physician payment is based on a pre-negotiated amount for delivery of insured health services per full-time equivalent physician per annum.
- Sessional ARP – This model is used in 17 Clinical ARPs for physician services delivered part-time. Physician payment is based on an hourly rate for the delivery of defined insured health services to a defined patient group.

Academic Alternative Relationship Plans

Academic ARPs are funding arrangements that provide alternate compensation under a contractual model for clinical practice and conditional grant funding to compensate physicians for their teaching, administrative and research roles. These agreements have been successful in:

- attracting and retaining needed specialists to the province,
- supporting innovative clinical practice, and
- enhancing the quality of Alberta's medical education and research.

Ten Academic ARPs have been implemented in Alberta. Academic ARPs involve the following: the Universities of Alberta and Calgary, the Faculties of Medicine, the participating physicians, Alberta Health, Alberta Health Services, the Alberta Medical Association, other funding bodies, and related ministries such as Innovation and Advanced Education.

Table 2.20
Alternative Relationship Plans (ARP) Summary by Type for Service Year April 1, 2015 to March 31, 2016

	General Practitioners	Specialists	Expenditures [1]
Clinical ARPs	1,197	256	$153,344,864
Academic ARPs	125	730	$198,761,770
Total [2]	1,322	986	$352,106,634
Total ARP Physicians	2,308		

Notes:

(1) Expenditures for the 2015-2016 Fiscal Year as of September 2016.

(2) Physician count is not discrete between Clinical and Academic ARPs.

Table 2.21
Top 50 Health Service Codes
Physician Service Events Submitted by Alternative Relationship Plans (ARPs) (1)
for Service Year April 1, 2015 to March 31, 2016

Health Service Code	Health Service Code Description	Number of Service Events	Number of Discrete Patients (2)
03.03D	Diagnostic interview and evaluation, described as limited {Hospital visits}	374,166	41,042
03.03A	Diagnostic interview and evaluation, described as limited {Limited assessment of a patient's condition requiring a history related to the presenting problems, an examination of the relevant body systems, appropriate records, and advice to the patient}	281,084	106,491
03.01AA	Diagnostic interview and evaluation, unqualified {After hours time premium}	196,055	57,297
03.08A	Consultation, described as comprehensive {Comprehensive consultation}	195,691	145,581
03.03F	Diagnostic interview and evaluation, described as limited {Repeat office visit or scheduled outpatient visit in a regional facility, referred cases only}	143,723	79,129
03.05A	Other diagnostic interview and evaluation {Intensive care unit visit per 15 minutes}	89,382	8,062
03.04A	Diagnostic interview and evaluation, described as comprehensive {Comprehensive assessment of a patient's condition requiring a complete history, a complete physical examination appropriate to the physician's specialty, an appropriate record and advice to the patient}	55,974	48,175
03.05JA	Other diagnostic interview and evaluation {Formal, scheduled, multiple health discipline team conference, full 15 minutes or major portion thereof for the first call when only one call is claimed} <With para-medical personnel regarding the provision of health care where social and other issues are involved>	55,190	18,633
03.08I	Consultation described as comprehensive {Prolonged endocrinology/ metabolism, gastroenterology, hematology, infectious diseases, internal medicine, nephrology, physiatry, neurology, respiratory medicine or rheumatology consultation or visit, full 15 minutes or major portion thereof for the first call when only one call is claimed}	54,669	45,862
03.03E	Diagnostic interview and evaluation, described as limited {Periodic chronic care visit to a long term care patient}	40,153	2,120
13.99OA	Other miscellaneous diagnostic and therapeutic procedures NEC {Management of patient on hemodialysis or peritoneal dialysis (per week)}	34,673	1,751
03.01NG	Diagnostic interview and evaluation, unqualified {Patient care advice to paramedic - pre hospital patch, assisted living/designated assisted living and lodge staff, active treatment facility worker for hospital in-patient, long term care worker for patients in a long term care facility, nurse practitioner, hospice worker, home care worker or public health nurse weekdays 0700 to 1700 hours, provided via telephone or other telecommunication methods, in relation to the care and treatment of a patient}	27,581	9,394

Continued...

Note: This table reflects service event reporting data only. Service event reporting data represent the data submitted by Alternative Relationship Plans (ARPs).

(1) The information displayed in this table must be interpreted with caution as the service event reporting data may not be complete.

(2) The number of Discrete Patients was calculated within each Health Service Code.

Table 2.21
Top 50 Health Service Codes
Physician Service Events Submitted by Alternative Relationship Plans (ARPs) (1)
for Service Year April 1, 2015 to March 31, 2016

Health Service Code	Health Service Code Description	Number of Service Events	Number of Discrete Patients (2)
03.05JC	Other diagnostic interview and evaluation {Family conference relating to acute care facility in-patient or registered emergency or out-patient, or auxiliary hospital, nursing home patient, AACC or UCC patient, per 15 minutes or major portion thereof}	24,232	12,271
13.99B	Other miscellaneous diagnostic & therapeutic procedures NEC {Hemodialysis treatment, stable patient} <For assessment and management of a stable patient with chronic renal failure>	22,756	830
03.03FA	Diagnostic interview and evaluation, described as limited {Prolonged repeat office or scheduled outpatient visit in a regional facility, referred cases only, full 15 minutes or portion thereof for the first call when only one call is claimed}	22,057	14,386
03.04C	Diagnostic interview and evaluation, described as comprehensive {Hospital admission}	21,609	17,195
13.62A	Other miscellaneous diagnostic & therapeutic procedures NEC {Ventilatory support, in Intensive Care Unit (ICU)}	20,973	2,124
03.05I	Other diagnostic interview and evaluation {Direct care, reassessment, education and/or general counselling of a patient requiring palliative care, per 15 minutes or portion thereof}	20,254	3,414
08.19G	Other psychiatric evaluation and interview {Direct contact with an individual patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or general psychiatric counselling, per 15 minutes or major portion thereof}	20,054	8,065
03.03B	Diagnostic interview and evaluation, described as limited {Prenatal visit}	20,007	5,984
03.01LJ	Diagnostic interview and evaluation, unqualified {Physician or podiatric surgeon to physician telephone or telehealth videoconference or secure videoconference consultation, consultant, weekdays 0700 to 1700 hours}	18,948	15,705
03.08J	Consultation, described as comprehensive {Prolonged consultation or hospital admission by pediatrics (including subspecialties) and clinical immunology and allergy for patients 18 years of age and under, or by medical genetics (no age restriction), full 15 minutes or portion thereof for the first call when only one call is claimed}	15,769	12,454
03.07B	Consultation, described as limited {Repeat consultation}	14,778	11,161
03.07A	Consultation, described as limited {Minor consultation}	13,980	12,123
03.05T	Other diagnostic interview and evaluation {Formal, scheduled, professional interview relating to the care and treatment of a palliative care patient with other physicians, family, and/or direct therapeutic supervision of allied health professionals or community agencies, on behalf of a specific patient, full 15 minutes or major portion thereof for the first call when only one call is claimed}	12,059	2,735

Continued...

Note: This table reflects service event reporting data only. Service event reporting data represent the data submitted by Alternative Relationship Plans (ARPs).

(1) The information displayed in this table must be interpreted with caution as the service event reporting data may not be complete.

(2) The number of Discrete Patients was calculated within each Health Service Code.

Table 2.21
Top 50 Health Service Codes
Physician Service Events Submitted by Alternative Relationship Plans (ARPs) (1)
for Service Year April 1, 2015 to March 31, 2016

Health Service Code	Health Service Code Description	Number of Service Events	Number of Discrete Patients (2)
03.05JB	Other diagnostic interview and evaluation {Formal, scheduled family conference relating to a specific patient, per 15 minutes or major portion thereof}	11,805	6,105
03.01N	Diagnostic interview and evaluation, unqualified {Management of anticoagulant therapy to include ordering necessary blood tests, interpreting results, adjusting the anticoagulant dosage as required}	10,974	1,265
03.05JR	Other diagnostic interview and evaluation {Physician telephone call directly to patient, to discuss patient management/diagnostic test results}	10,896	7,593
01.14	Other nonoperative gastroscopy <Esophagogastroscopy>	9,565	8,233
01.22	Other nonoperative colonoscopy {Other nonoperative colonoscopy}	9,031	8,586
03.03AI	Other diagnostic interview and evaluation {Transfer of care of intensive care patient}	8,836	3,315
03.03AO	Diagnostic interview and evaluation, described as limited {Transfer of care of hospital in-patient}	8,823	5,474
03.01NH	Diagnostic interview and evaluation, unqualified {Patient care advice to paramedic - pre hospital patch, assisted living/designated assisted living and lodge staff, active treatment facility worker for hospital in-patient, long term care worker for patients in a long term care facility, nurse practitioner, hospice worker, home care worker or public health nurse weekdays 1700 to 2200 hours, weekends and statutory holidays, 0700 to 2200 hours, provided via telephone or other telecommunication methods, in relation to the care and treatment of a patient}	8,423	3,888
03.01LK	Diagnostic interview and evaluation, unqualified {Physician or podiatric surgeon to physician telephone or telehealth videoconference or secure videoconference consultation, consultant, weekdays 1700 to 2200 hours, weekends and statutory holidays 0700 to 2200 hours}	7,310	6,343
03.04G	Diagnostic interview and evaluation, described as comprehensive {Comprehensive visit in an emergency department, weekdays 1700-2200 hours, weekends and statutory holidays 0700-2200 hours}	7,092	6,753
03.01LG	Diagnostic interview and evaluation, unqualified {Physician to physician or podiatric surgeon telephone or telehealth videoconference or secure videoconference consultation, referring physician, weekdays 0700 to 1700 hours}	6,914	5,064
13.55A	Chemotherapy<That for treatment of malignant disease>	6,167	870
03.04F	Diagnostic interview and evaluation, described as comprehensive {Comprehensive visit in an emergency department, weekday, 0700-1700 hours}	5,757	5,474
03.08B	Consultation, described as comprehensive {Obstetrical consultation}	5,580	5,012
13.59A	Injection or infusion of other therapeutic or prophylactic substance nec {Intramuscular or subcutaneous injections}	5,479	3,087

Continued...

Note: This table reflects service event reporting data only. Service event reporting data represent the data submitted by Alternative Relationship Plans (ARPs).

(1) The information displayed in this table must be interpreted with caution as the service event reporting data may not be complete.

(2) The number of Discrete Patients was calculated within each Health Service Code.

Table 2.21

Top 50 Health Service Codes

Physician Service Events Submitted by Alternative Relationship Plans (ARPs) (1)

for Service Year April 1, 2015 to March 31, 2016

Health Service Code	Health Service Code Description	Number of Service Events	Number of Discrete Patients (2)
98.12L	Local excision or destruction of lesion or tissue of skin and subcutaneous tissue {Non-surgical treatment (cryotherapy, chemotherapy), warts or keratoses}	5,252	3,224
13.99BC	Other miscellaneous diagnostic and therapeutic procedures NEC {Pelvic examination using a speculum requiring swab(s) and/or sample(s) collection; and/or Periodic Papanicolaou Smear}	5,224	4,725
03.05O	Other diagnostic interview and evaluation {Direct management, reassessment, education and/or general counselling of a patient with chronic pain, per 15 minutes or portion thereof}	5,122	1,431
03.05JJ	Other diagnostic interview and evaluation {Professional communication, case conference or discussion with allied health professionals, educational or other community agencies on behalf of a specific patient, full 5 minutes or major portion thereof for the first call when only one call is claimed}	4,999	2,627
03.03AR	Diagnostic interview and evaluation, described as limited {Urgent or priority attendance on hospital inpatient or long term care inpatient, at request of facility staff when physician is already on site.}	4,896	3,137
08.19K	Other psychiatric evaluation and interview {Second and subsequent physician attendance at a formal, scheduled, professional conference related to the care and treatment of multiple psychiatric patients, when discussion occurs on behalf of a specific patient}	4,614	392
13.82A	Ultraviolet light therapy {Psoralen ultraviolet A treatment, ultraviolet B or narrow-band ultraviolet B treatment}	4,258	122
49.98B	Other invasive diagnostic procedures on heart and pericardium {Pharmacological manipulation of physiological function and recording thereof}	4,216	1,673
03.04H	Diagnostic interview and evaluation, described as comprehensive {Comprehensive visit in emergency department, 2200-0700 hours}	4,098	3,929
03.05JP	Other diagnostic interview and evaluation {Family conference via telephone relating to acute care facility in-patient or registered emergency or out-patient, or auxiliary hospital, nursing home patient, hospice patient, AACC or UCC patient}	3,996	2,314

Note: This table reflects service event reporting data only. Service event reporting data represent the data submitted by Alternative Relationship Plans (ARPs).

(1) The information displayed in this table must be interpreted with caution as the service event reporting data may not be complete.

(2) The number of Discrete Patients was calculated within each Health Service Code.

Table 2.22
Distribution of Alternative Relationship Plan (ARP) [1] Physicians by Specialty for the Service Years Ended March 31, 2012 to March 31, 2016

Physicians by Specialty	Number of Physicians [3] [4]				
	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Total: All Physicians	1,333	1,382	1,429	1,468	1,581
Subtotal:					
All Physicians (except Pathology)	1,333	1,382	1,429	1,468	1,581
All Specialists (except GP/FPs & Pathology)	846	883	890	902	977
Physicians by Specialty					
Anaesthesiology	22	23	25	25	28
Cardiovascular and Thoracic Surgery	9	10	11	12	13
Dermatology	11	10	10	10	12
Emergency Medicine	28	12	10	5	4
General/Family Physicians (GP/FPs)	487	499	539	566	604
- General/Family Physicians	445	490	529	559	593
- Full-Time Emergency Room Physicians	38	6	5	1	4
- Mental Health Generalists	1				
- Other General Practice Physicians [2]	3	3	5	6	7
General Surgery	7	6	5	6	7
- General Surgery designated specialty	4	3	3	4	5
- Other General Surgery [2]	3	3	2	2	2
Internal Medicine	408	427	424	431	446
- Internal Medicine designated specialty	122	129	124	128	135
- Cardiology	57	54	55	54	52
- Endocrinology/Metabolism	17	15	16	16	16
- Gastroenterology	50	57	54	50	49
- Infectious Diseases	27	30	32	32	30
- Other Internal Medicine [2]	135	142	143	151	164
Neurology	87	92	93	92	100
Neurosurgery	32	32	29	30	32
Obstetrics-Gynaecology	22	31	36	39	38
Ophthalmology					
Orthopaedic Surgery					
Otolaryngology					
Paediatrics	189	207	206	215	241
Physical Medicine & Rehabilitation	17	19	20	19	28
Plastic Surgery					
Psychiatry	14	14	21	18	24
Urology					
Pathology					
Radiology					

Table 2.22

Distribution of Physicians by Specialty

Distribution of Alternative Relationship Plan (ARP) (1) Physicians by Specialty for the Service Years Ended March 31, 2012 to March 31, 2016

Note: This table reflects service event reporting data only. Service event reporting data represent the data submitted by Alternative Relationship Plans (ARPs).

(1) The information displayed in this table must be interpreted with caution as the Alternative Relationship Plans data may not be complete.

(2) For details on this physician specialty category refer to the Glossary/Definitions section.

(3) A blank cell represents a zero value.

(4) The information in this table may overlap with the information presented in Table 2.12 as a physician can participate in both fee-for-service and Alternative Relationship Plans.

Table 2.23

Distribution of Alternative Relationship Plan (ARP) Service Events [1] by Specialty for the Service Years Ended March 31, 2012 to March 31, 2016

Physicians by Specialty	Number of Service Events [3]				
	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Total: All Physicians	1,665,998	1,685,083	1,745,551	1,840,631	2,150,277
Subtotal:					
All Physicians (except Pathology)	1,665,998	1,685,083	1,745,551	1,840,631	2,150,277
All Specialists (except GP/FPs & Pathology)	1,067,619	1,094,028	1,130,775	1,182,058	1,337,253
Physicians by Specialty					
Anaesthesiology	6,271	6,761	6,525	9,142	10,501
Cardiovascular and Thoracic Surgery	8,983	8,287	8,770	8,933	8,790
Dermatology	32,352	32,446	30,985	32,016	34,008
Emergency Medicine	22,729	10,511	9,499	8,620	5,511
General/Family Physicians (GP/FPs)	598,379	591,055	614,776	658,573	813,024
- General/Family Physicians	565,369	588,581	613,519	654,754	808,164
- Full-Time Emergency Room Physicians	31,811	1,766	758	1,804	3,108
- Mental Health Generalists	674				
- Other General Practice Physicians [2]	525	708	499	2,015	1,752
General Surgery	13,071	11,211	10,459	11,658	11,882
- General Surgery designated specialty	6,606	5,922	6,138	6,823	7,932
- Other General Surgery [2]	6,465	5,289	4,321	4,835	3,950
Internal Medicine	621,683	638,518	655,496	677,019	736,601
- Internal Medicine designated specialty	154,834	166,942	168,076	173,723	179,745
- Cardiology	65,265	71,514	75,445	72,080	69,566
- Endocrinology/Metabolism	21,205	18,854	18,647	19,179	17,883
- Gastroenterology	96,445	101,801	96,752	91,116	84,518
- Infectious Diseases	36,225	35,286	42,540	43,647	43,293
- Other Internal Medicine [2]	247,709	244,121	254,036	277,274	341,596
Neurology	103,293	106,540	112,757	112,138	127,600
Neurosurgery	40,967	42,674	43,768	42,605	44,559
Obstetrics-Gynaecology	18,662	24,639	25,303	25,742	37,333
Ophthalmology					
Orthopaedic Surgery					
Otolaryngology					
Paediatrics	175,883	189,934	197,087	222,206	275,139
Physical Medicine & Rehabilitation	17,801	17,466	23,452	25,902	33,346
Plastic Surgery					
Psychiatry	5,924	5,041	6,674	6,077	8,555
Urology					
Pathology					
Radiology					

Note: This table reflects service event reporting data only. Service event reporting data represent the data submitted by Alternative Relationship Plans (ARPs).

(1) The information displayed in this table must be interpreted with caution as the service event reporting data may not be complete.

(2) For details on this physician specialty category refer to the Glossary/Definitions section.

(3) A blank cell represents a zero value.

Table 2.24 A
Distribution of In Province Medical Reciprocal Payments for the Service Years Ended March 31, 2012 to March 31, 2016

Physicians by Specialty	Payments				
	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Total: All Physicians	$70,575,414	$74,929,128	$78,974,860	$82,692,527	$85,979,492
Subtotal:					
All Physicians (except Pathology)	64,937,364	68,273,691	71,262,845	74,443,091	77,673,191
All Specialists (except GP/FPs & Pathology)	43,966,677	45,558,271	48,230,027	50,080,267	54,496,822
Physicians by Specialty					
Anaesthesiology	5,767,698	5,938,229	5,976,973	5,938,186	6,264,080
Cardiovascular and Thoracic Surgery	2,404,781	2,463,601	2,553,831	2,590,693	3,210,932
Dermatology	468,748	527,537	571,148	665,591	738,555
Emergency Medicine	1,021,939	1,124,919	1,147,409	1,199,375	1,233,042
General/Family Physicians (GP/FPs)	20,970,687	22,715,420	23,032,818	24,362,824	23,176,369
- General/Family Physicians	18,325,323	19,639,512	19,821,045	20,809,010	20,452,554
- Full-Time Emergency Room Physicians	2,508,220	2,863,022	3,059,672	3,325,434	2,582,498
- Mental Health Generalists	112,027	186,440	102,933	169,618	102,920
- Other General Practice Physicians (1)	25,118	26,446	49,169	58,762	38,397
General Surgery	4,086,001	3,881,939	3,766,081	3,767,932	4,122,508
- General Surgery designated specialty	3,585,720	3,297,817	3,249,569	3,230,545	3,573,695
- Other General Surgery (1)	500,281	584,121	516,512	537,387	548,814
Internal Medicine	10,846,851	11,156,822	11,681,673	11,359,208	11,837,088
- Internal Medicine designated specialty	2,788,761	3,105,655	3,219,765	3,272,177	3,268,111
- Cardiology	3,128,059	3,043,540	2,988,740	2,712,645	2,815,115
- Endocrinology/Metabolism	78,262	65,849	69,973	81,690	52,460
- Gastroenterology	631,498	757,746	791,449	734,862	759,916
- Infectious Diseases	203,631	213,011	248,907	215,959	192,069
- Other Internal Medicine (1)	4,016,640	3,971,021	4,362,838	4,341,875	4,749,418
Neurology	663,927	689,622	788,467	761,423	806,592
Neurosurgery	852,402	785,396	833,744	813,871	817,728
Obstetrics-Gynaecology	1,843,058	1,764,627	1,789,342	1,875,965	1,798,319
Ophthalmology	2,011,805	2,219,278	2,308,301	2,493,934	2,488,343
Orthopaedic Surgery	2,397,228	2,557,854	2,724,734	2,911,537	2,862,001
Otolaryngology	1,226,021	1,418,969	1,506,856	1,672,192	1,748,727
Paediatrics	2,234,865	2,223,935	2,438,103	2,768,812	4,106,078
Physical Medicine & Rehabilitation	283,479	312,451	380,536	410,305	413,103
Plastic Surgery	1,149,153	1,384,462	1,250,242	1,358,897	1,656,277
Psychiatry	1,840,749	1,882,116	1,989,012	2,332,399	2,587,103
Urology	860,993	809,642	845,024	825,192	882,849
Pathology	5,638,050	6,655,437	7,712,015	8,249,436	8,306,301
Radiology	4,006,980	4,416,873	5,678,552	6,334,756	6,867,566

Note: This table reflects in province medical reciprocal (MEDR) data only. In province medical reciprocal data include services provided in Alberta health care facilities to patients who are not Alberta residents.

(1) For details on this physician specialty category refer to the Glossary/Definitions section.

Table 2.24 B

Distribution of In Province Medical Reciprocal Services for the Service Years Ended March 31, 2012 to March 31, 2016

Physicians by Specialty	Number of Services				
	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Total: All Physicians	1,124,014	1,221,108	1,295,525	1,328,543	1,322,921
Subtotal:					
All Physicians (except Pathology)	860,192	911,558	947,115	965,150	970,797
All Specialists (except GP/FPs & Pathology)	495,602	520,797	554,899	572,701	610,316
Physicians by Specialty					
Anaesthesiology	148,948	151,613	152,123	151,115	148,079
Cardiovascular and Thoracic Surgery	5,592	5,810	6,125	5,236	7,522
Dermatology	7,494	7,846	8,651	9,413	10,748
Emergency Medicine	11,100	12,770	12,819	13,221	13,157
General/Family Physicians (GP/FPs)	364,590	390,761	392,216	392,449	360,481
- General/Family Physicians	331,172	351,425	352,454	349,415	328,603
- Full-Time Emergency Room Physicians	30,700	34,931	36,555	38,263	28,954
- Mental Health Generalists	2,322	3,854	2,129	3,727	2,260
- Other General Practice Physicians (1)	396	551	1,078	1,044	664
General Surgery	22,993	22,963	21,897	22,379	23,739
- General Surgery designated specialty	20,881	20,500	19,393	20,075	21,521
- Other General Surgery (1)	2,112	2,463	2,504	2,304	2,218
Internal Medicine	122,239	130,544	142,991	139,606	146,876
- Internal Medicine designated specialty	31,585	38,728	38,258	39,612	37,867
- Cardiology	21,453	21,369	21,546	19,011	20,785
- Endocrinology/Metabolism	710	586	627	757	483
- Gastroenterology	5,137	6,244	6,593	5,842	5,962
- Infectious Diseases	1,684	1,810	2,106	1,851	1,640
- Other Internal Medicine (1)	61,670	61,807	73,861	72,533	80,139
Neurology	6,147	6,419	7,753	7,237	7,651
Neurosurgery	3,803	3,247	3,677	3,310	3,079
Obstetrics-Gynaecology	17,867	17,149	17,625	18,573	18,337
Ophthalmology	26,911	29,853	30,896	32,656	34,744
Orthopaedic Surgery	11,663	12,763	13,405	15,399	14,353
Otolaryngology	8,251	10,671	11,975	14,864	18,533
Paediatrics	24,374	24,554	26,580	30,326	46,402
Physical Medicine & Rehabilitation	3,050	3,435	4,202	4,378	4,149
Plastic Surgery	4,853	5,326	5,733	6,248	6,971
Psychiatry	28,303	28,986	30,031	34,592	37,465
Urology	4,732	4,793	4,990	4,986	5,337
Pathology	263,822	309,550	348,410	363,393	352,124
Radiology	37,282	42,055	53,426	59,162	62,648

Note: This table reflects in province medical reciprocal (MEDR) data only. In province medical reciprocal data include services provided in Alberta health care facilities to patients who are not Alberta residents.

(1) For details on this physician specialty category refer to the Glossary/Definitions section.

Table 2.24 C

Distribution of Discrete Patients for In Province Medical Reciprocal Services for the Service Years Ended March 31, 2012 to March 31, 2016

Physicians by Specialty	Number of Discrete Patients [2]				
	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Total: All Physicians	142,139	153,475	157,325	158,794	143,034
Subtotal:					
All Physicians (except Pathology)	139,200	150,218	153,636	154,830	139,589
All Specialists (except GP/FPs & Pathology)	56,980	60,817	64,587	66,041	65,582
Physicians by Specialty					
Anaesthesiology	6,259	6,623	6,482	6,266	6,165
Cardiovascular and Thoracic Surgery	773	787	787	799	890
Dermatology	2,586	2,853	2,806	2,836	2,858
Emergency Medicine	6,091	6,698	7,009	7,072	6,774
General/Family Physicians (GP/FPs)	110,405	120,177	120,662	121,426	104,612
- General/Family Physicians	100,041	108,721	109,100	109,428	95,975
- Full-Time Emergency Room Physicians	16,857	18,940	19,376	20,175	15,021
- Mental Health Generalists	99	128	79	59	59
- Other General Practice Physicians [1]	153	135	170	148	128
General Surgery	5,405	5,464	5,449	5,738	5,619
- General Surgery designated specialty	4,895	4,921	4,897	5,189	5,086
- Other General Surgery [1]	573	601	622	618	613
Internal Medicine	16,661	17,550	18,849	18,591	18,238
- Internal Medicine designated specialty	8,917	9,941	10,497	10,178	9,609
- Cardiology	4,096	3,756	4,237	4,744	4,542
- Endocrinology/Metabolism	347	307	302	307	221
- Gastroenterology	1,324	1,438	1,501	1,426	1,485
- Infectious Diseases	552	592	617	568	500
- Other Internal Medicine [1]	4,387	4,497	5,049	4,717	5,092
Neurology	1,815	1,874	1,988	1,930	1,890
Neurosurgery	778	739	785	734	717
Obstetrics-Gynaecology	4,236	4,306	4,242	4,223	4,077
Ophthalmology	4,171	4,232	4,248	4,279	4,275
Orthopaedic Surgery	4,282	4,516	4,771	4,896	4,750
Otolaryngology	1,880	2,770	3,124	[illegible],084	3,290
Paediatrics	3,655	3,709	3,895	4,018	3,842
Physical Medicine & Rehabilitation	503	529	604	633	697
Plastic Surgery	1,869	1,889	1,876	2,001	2,095
Psychiatry	2,309	2,313	2,297	2,660	2,948
Urology	1,667	1,687	1,689	1,744	1,773
Pathology	27,008	31,556	34,734	37,029	34,189
Radiology	17,797	19,777	22,857	24,362	24,239

Note: This table reflects in province medical reciprocal (MEDR) data only. In province medical reciprocal data include services provided in Alberta health care facilities to patients who are not Alberta residents.

(1) For details on this physician specialty category refer to the Glossary/Definitions section.

(2) The number of Discrete Patients was calculated within each physician specialty.

Table 2.25
Out-of-Province Basic Health Services: Distribution of Payments, Number of Services and Discrete Patients for the Service Years Ended March 31, 2012 to March 31, 2016

Province of Service [1]	Payments				
	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
British Columbia	$13,647,427	$14,010,967	$15,238,965	$15,922,501	$17,533,302
Manitoba	1,051,904	995,524	1,029,373	1,047,162	1,006,754
New Brunswick	336,336	338,631	384,514	421,155	469,863
Newfoundland and Labrador	539,671	550,053	615,777	593,963	562,158
Nova Scotia	824,347	840,714	1,033,930	1,178,793	1,241,001
Northwest Territories	130,034	104,469	127,244	164,715	182,195
Nunavut	3,249	1,563	2,067	757	324
Ontario	4,422,337	4,501,146	4,503,950	4,919,077	5,846,736
Prince Edward Island	103,158	97,959	96,823	125,818	135,332
Saskatchewan	5,019,277	5,327,301	6,019,533	6,396,328	6,393,799
Yukon	93,352	101,607	89,372	85,968	115,638
Total	$26,171,092	$26,869,934	$29,141,548	$30,856,237	$33,487,101

Province of Service [1]	Number of Services				
	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
British Columbia	318,657	456,047	360,242	365,669	441,906
Manitoba	24,078	22,857	22,286	22,316	23,513
New Brunswick	5,676	5,385	5,727	6,140	7,517
Newfoundland and Labrador	14,418	15,145	14,741	13,417	13,505
Nova Scotia	17,934	16,745	17,572	18,375	20,837
Northwest Territories	2,089	1,685	1,858	2,126	2,403
Nunavut	98	58	52	21	6
Ontario	129,051	126,796	127,697	146,536	169,322
Prince Edward Island	2,181	1,874	1,955	2,178	2,523
Saskatchewan	87,745	89,797	95,820	101,225	98,911
Yukon	1,551	1,950	1,271	1,466	1,789
Total	603,478	738,339	649,221	679,469	782,232

Province of Service [1]	Number of Discrete Patients				
	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
British Columbia	63,564	63,328	66,919	70,315	74,211
Manitoba	5,246	5,171	4,822	4,660	4,865
New Brunswick	2,070	1,908	1,934	2,047	2,361
Newfoundland and Labrador	3,876	4,085	3,934	3,626	3,626
Nova Scotia	5,228	4,985	5,287	5,544	6,051
Northwest Territories	753	649	659	755	840
Nunavut	47	29	24	16	5
Ontario	18,113	17,570	18,206	19,554	22,541
Prince Edward Island	699	696	718	737	847
Saskatchewan	19,640	20,996	21,360	22,579	22,709
Yukon	503	488	453	475	564
Total [2]	118,027	118,224	122,672	128,515	138,620

Note: This table reflects out-of-province medical reciprocal data only. These data refer to Albertans receiving physician services in other Canadian provinces or territories.

(1) The province of Quebec does not participate in the Medical Reciprocal Billing Program.

(2) Number of Discrete Patients is a discrete overall patient count and not a sum.

Out-of-Country Health Coverage

Alberta Health provides two sources of funding for Albertans who wish to receive insured medical treatment outside Canada: application through the Alberta Health Care Insurance Plan (AHCIP) or through the Out-of-Country Health Services Committee.

The AHCIP provides only limited physician and hospital costs outside of Canada.

Insured physician services received outside Canada are paid at the lesser of the amount claimed or the rate an Alberta physician or dentist would be paid for that service. The rate for in-patient hospital services is $100 (Canadian) per day. The outpatient rate is $50 (Canadian) per day.

As of July 1, 2006, coverage for out-of-province and out-of-country podiatric, chiropractic and optometric services was discontinued.

The Out-of-Country Health Services Committee considers applications for funding of insured medical, oral surgical and/or hospital services that are not available in Canada.

The Out-of-Country Health Services Committee is independent, and operates at arm's length from Alberta Health. On August 1, 2011, the *Out-of-Country Health Services Regulation* was amended, based on recommendations from the Alberta Ombudsman. Applications to this committee can only be made by an Alberta physician or dentist on an Albertan's behalf.

Committee decisions can be appealed in writing to the Out-of-Country Health Services Appeal Panel which also operates at arm's length from Alberta Health. The Albertan or applying physician/dentist may register an appeal.

Table 2.26

Out-of-Country Basic Health Services:
Distribution of Payments, Number of Services and Discrete Patients (1) (2) (3)
for the Service Years Ended March 31, 2012 to March 31, 2015

	Number of Services				Number of Discrete Patients				Payments			
	2011/2012	2012/2013	2013/2014	2014/2015	2011/2012	2012/2013	2013/2014	2014/2015	2011/2012	2012/2013	2013/2014	2014/2015
Practitioner Type	**TOTAL OUT-OF-COUNTRY**											
Physicians (4)	42,643	39,317	33,804	36,290	14,488	13,441	11,434	12,233	$2,573,169	$2,435,305	$2,189,233	$2,580,363
Dentists/Dental Specialists/Oral Surgeons	6	12	6	2	4	3	5	2	5,950	1,744	1,297	231
Total	42,649	39,329	33,810	36,292	14,488	13,441	11,435	12,234	$2,579,119	$2,437,050	$2,190,530	$2,580,594
Practitioner Type	**UNITED STATES**											
Physicians (4)	28,734	26,914	22,416	22,898	8,852	8,279	6,904	7,380	$1,819,371	$1,710,465	$1,445,409	$1,569,367
Dentists/Dental Specialists/Oral Surgeons	6	12	3	1	4	3	3	1	5,950	1,744	332	98
Total	28,740	26,926	22,419	22,899	8,852	8,279	6,905	7,380	$1,825,321	$1,712,209	$1,445,741	$1,569,465
Practitioner Type	**OUT-OF-COUNTRY (EXCEPT UNITED STATES)**											
Physicians (4)	13,909	12,403	11,388	13,392	5,714	5,227	4,581	4,920	$753,798	$724,840	$743,824	$1,010,996
Dentists/Dental Specialists/Oral Surgeons			3	1			2	1			965	133
Total	13,909	12,403	11,391	13,393	5,714	5,227	4,581	4,921	$753,798	$724,840	$744,789	$1,011,129

Note: This table reflects fee-for-service data only.

(1) A blank cell represents a zero value.

(2) Number of Discrete Patients is a discrete overall patient count and not a sum.

(3) Data were extracted using a one year lag from the fiscal year end to date of payment for more precise data.

(4) Data does not include physician services which were paid under the Out-of-Country Health Services Program.

Table 2.27

Out-of-Country Health Services Program: Applications Reviewed by Out-of-Country Health Services Committee/Appeal Panel for the Service Years Ended March 31, 2012 to March 31, 2016

Status of Applications	Type of Service				
	Required services not available in Alberta				
	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Reviewed	123	81	102	82	96
Approved	67.5	37	55	52.5	45
Approved on Appeal	9	8.5	7	2	3
Deferred (1)	1.5	1.5	2.5	6.5	2.5
Denied	45	34	37.5	21	48.5

Note: Applications listed as .5 are where a portion of the application is approved and a portion is denied.

(1) Effective April 1, 2011, a category was added to reflect applications for which the Out-of-Country Health Services Committee requires further medical information from the applicant.

Table 2.28

Out-of-Country Health Services Program: Payments Made for Approved Applications by Out-of-Country Health Services Committee/Appeal Panel for the Service Years Ended March 31, 2012 to March 31, 2016

Amount Paid ($)	Type of Service				
	Required services not available in Alberta				
	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Medical Services	$1,559,566	$1,215,554	$1,730,834	$2,215,183	$2,667,188
Hospital Services	2,783,198	2,698,065	4,014,045	4,479,294	4,587,501
Total	$4,342,764	$3,913,619	$5,744,879	$6,694,477	$7,254,689

Primary Care Networks (PCNs) are formed through formal arrangements between groups of primary care physicians and Alberta Health Services. PCNs are organized to deliver a wide range of primary health care services. They have the flexibility to design local programs that meet the needs of patients in the community, while working within the provincial framework.

Primary Care is defined as the first point of contact with the health system, where health services are mobilized and coordinated to promote health, prevent and care for illness, and manage ongoing problems.

The goals of Primary Care Networks are to:

- improve access to primary care services for more Albertans;
- manage access to appropriate round-the-clock primary care services;
- increase the focus on health promotion and disease prevention, and on care for patients with medically complex problems or chronic illnesses;
- improve coordination and integration of primary care services with hospital, long-term and specialty care; and
- foster a multi-disciplinary team approach to providing primary care.

The first Primary Care Network to launch in Alberta was Edmonton Southside PCN on May 1, 2005. As of March 31, 2016, there are 42 PCNs operating in the province.

Table 2.29
Primary Care Networks:
Distribution of Primary Care Providers, Number of Patients, and Total Payments by Alberta Health Services Geographic Zone for the Service Year April 1, 2015 to March 31, 2016

Primary Care Network	AHS Zone	Number of Primary Care Providers[1]	Number of Patients Enrolled[2]	Total Payments to the Primary Care Network[3]
Chinook	South Zone	162	161,929	$9,717,094
Palliser	South Zone	100	103,126	4,594,860
Bow Valley	Calgary Zone	52	25,900	1,440,811
Calgary Foothills	Calgary Zone	453	372,247	21,355,790
Calgary Rural	Calgary Zone	148	106,987	6,343,687
Calgary West Central	Calgary Zone	438	321,537	16,975,302
Highland	Calgary Zone	59	61,910	3,639,051
Mosaic	Calgary Zone	272	291,549	2,914,238
South Calgary	Calgary Zone	245	197,844	8,367,457
Big Country	Central Zone	44	38,030	2,139,971
Camrose	Central Zone	41	34,973	2,085,819
Drayton Valley	Central Zone	14	15,168	782,715
Kalyna Country	Central Zone	29	23,767	1,445,091
Lloydminster	Central Zone	23	19,791	1,008,382
Peaks to Prairies	Central Zone	34	21,965	369,226
Provost	Central Zone	3	4,371	211,335
Red Deer	Central Zone	90	125,728	6,714,780
Rocky Mountain House	Central Zone	22	15,156	936,634
Wainwright	Central Zone	15	9,049	427,543
Wetaskiwin	Central Zone	30	22,703	1,435,455
Wolf Creek	Central Zone	52	57,243	2,543,822
Alberta Heartland	Edmonton Zone	34	44,729	1,098,580
Edmonton North	Edmonton Zone	203	195,387	9,338,671
Edmonton Oliver	Edmonton Zone	143	112,825	6,801,489
Edmonton Southside	Edmonton Zone	251	257,234	13,359,887
Edmonton West	Edmonton Zone	203	175,081	7,257,605
Leduc/Beaumont/Devon	Edmonton Zone	63	60,972	3,711,908
Sherwood Park-Strathcona County	Edmonton Zone	92	91,396	5,622,656
St. Albert & Sturgeon	Edmonton Zone	73	76,418	3,487,191
WestView	Edmonton Zone	96	79,146	3,307,144
Aspen	North Zone	37	27,718	1,453,218
Bonnyville	North Zone	23	14,594	791,856
Cold Lake	North Zone	16	16,447	881,034
Grande Cache	North Zone	7	3,888	221,304
Grande Prairie	North Zone	61	75,626	2,433,148
Lakeland	North Zone	41	39,471	1,516,863
McLeod River	North Zone	47	37,550	982,348
Northwest	North Zone	30	24,225	253,456
Peace Region	North Zone	38	31,601	1,671,051
Sexsmith/Spirit River	North Zone	7	9,500	465,573
West Peace	North Zone	9	9,013	424,846
Wood Buffalo	North Zone	36	69,386	2,683,889
Total		3,836	3,483,180	$163,212,780

Table 2.29
Primary Care Networks:
Distribution of Primary Care Providers, Number of Patients, and Total Payments by Alberta Health Services Geographic Zone for the Service Year April 1, 2015 to March 31, 2016

Notes:

(1) The term Primary Care Provider includes family physicians, general practitioners, pediatricians and nurse practitioners. Physicians participating in Primary Care Networks (PCNs) continue to be compensated for insured medical services using either fee-for-service or existing alternate payment arrangements.

(2) Informal enrollment is based on a default method of calculating one patient encounter with a PCN health service provider at a PCN service delivery location for services, in the past three years. Informal enrolment is based on assignment of discrete patients to PCNs based on overall volume of care to a single provider.

(3) PCNs receive a per-capita payment up to $62 per patient, per year.

Section 3

Regional Data

Summary

Alberta Health Services has divided Alberta into five continuum zones for management of the delivery of health care services. The five health zones are as follows: South Zone (Zone 1), Calgary Zone (Zone 2), Central Zone (Zone 3), Edmonton Zone (Zone 4) and North Zone (Zone 5).

This section provides practitioner fee-for-service and Alternative Relationship Plan data broken down by the five zones and local geographic areas. Local geographic areas refer to 132 geographic areas created by Alberta Health and Alberta Health Services based on census boundaries that, in some instances, have been modified to match health zone boundaries.

Alberta Health Services is responsible for hospitals, continuing care facilities, community health services and public health programs in Alberta. Alberta Health Services works with communities to deliver health services, including mental health services, to local residents. Information about services and costs for Alberta Health Services is in the *Ministry of Health Annual Report 2015/2016* .

Highlights

- A total of 38.50% of physician fee-for-service expenditures were for services received in Edmonton Zone (Zone 4); 39.16% for services received in Calgary Zone (Zone 2) and the balance, 22.35%, for services received in the other three zones.
- In Alberta, 89.59% of fee-for-service payments were provided in the health zone where the patient resides.

Explanatory Notes

Number of Practitioners

The figures shown for the number of practitioners in a geographic zone are based on the number of practitioners who received fee-for-service payments for services provided in that particular zone. A practitioner may work in several zones and will have been counted in each zone where he/she provided services.

Number of Services

Some health services listed in the schedules of benefits are paid based on time units. Where applicable, the number of services reported will be the number of time units paid.

Health Zones

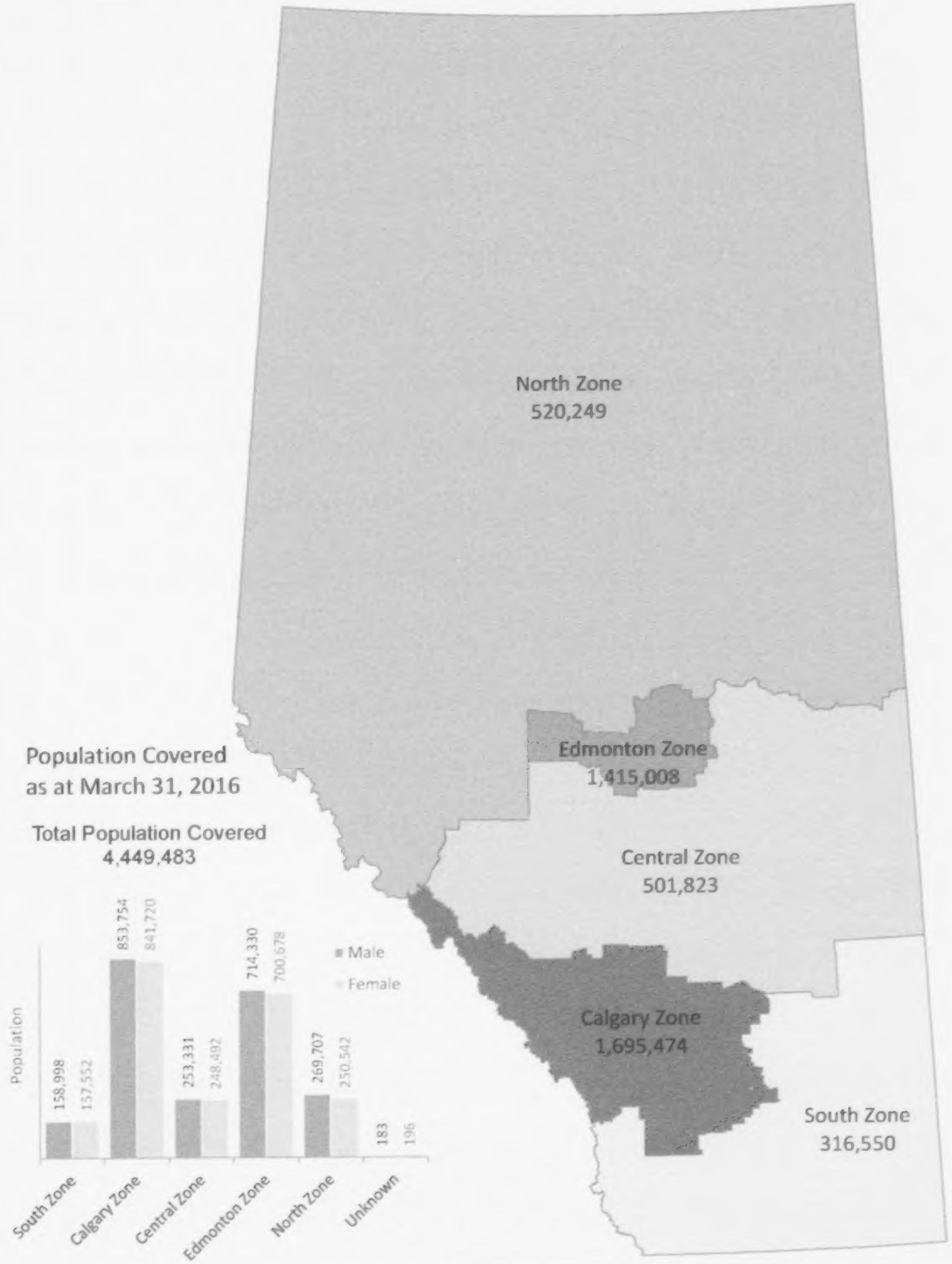
The map on continuum health zones (Map 3.1) shows the current five continuum zones that were put in place on May 15, 2008.

Service Location and Recipient Location

Data in this section are provided on a service location basis. Patients from rural and remote zones often travel to larger urban centres in other zones to receive services. This has an effect on statistics for health services and payments for both zones involved. This is illustrated in Table 3.2, which shows payments to physicians based on both service location and recipient location. Recipient location data are for the geographic zone where the patient lived on the date of service.

Map 3.1

Distribution of Population Covered by Alberta Health Services Geographic Zone



Map 3.2

Alberta Population by Local Geographic Area

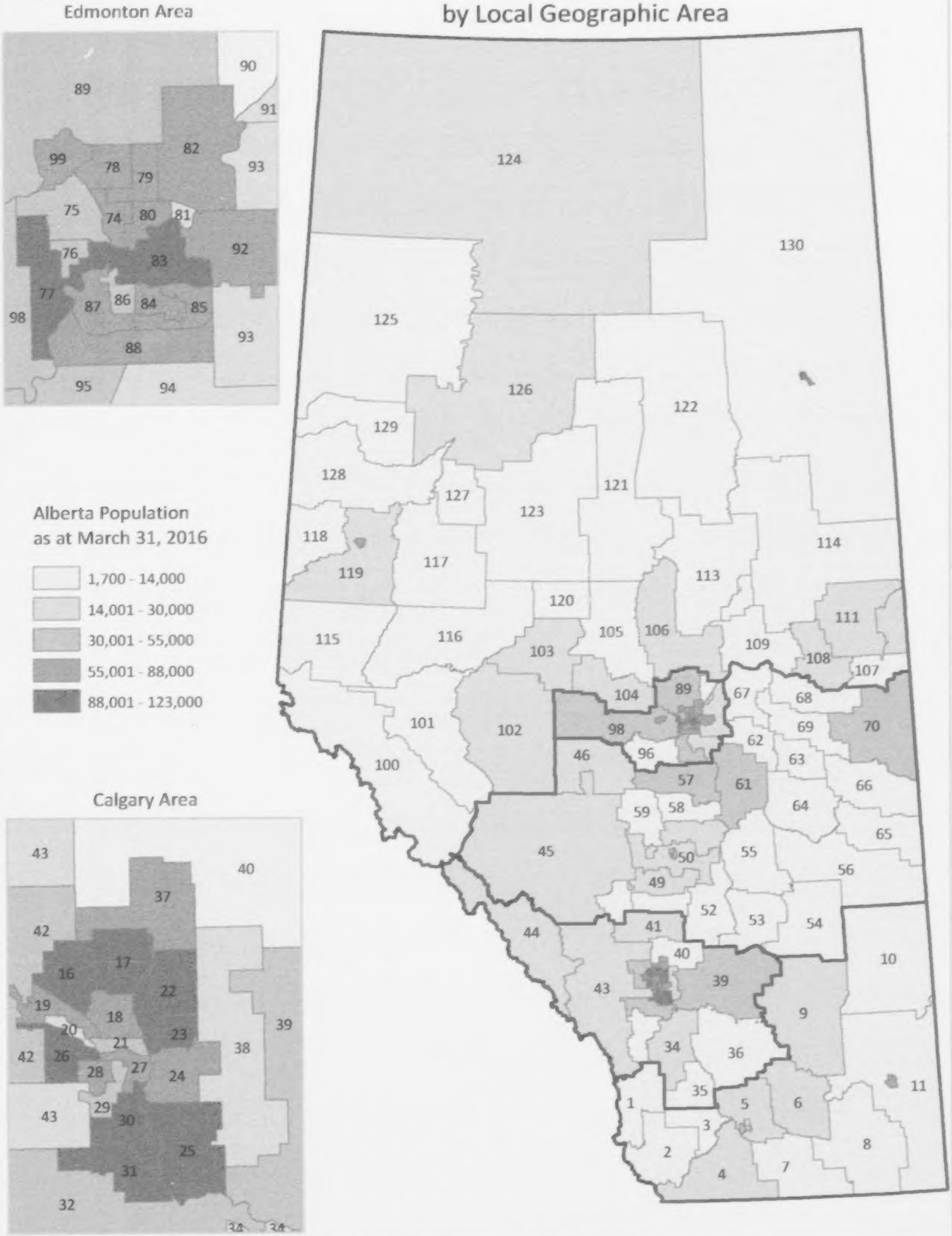


Table 3.1
Distribution of Population Covered by Local Geographic Area (LGA) as at March 31, 2016

LGA ID	LGA Code	LGA Name	Population
		SOUTH ZONE	
1	Z1.1.A.01	Crowsnest Pass	6,429
2	Z1.1.A.02	Pincher Creek	8,956
3	Z1.1.A.03	Fort Macleod	7,081
4	Z1.1.B.04	Cardston-Kainai	18,454
5	Z1.2.A.01	County Of Lethbridge	25,610
6	Z1.2.B.02	Taber Md	20,075
7	Z1.2.C.03	County Of Warner	11,364
8	Z1.2.C.04	County Of Forty Mile	6,959
9	Z1.3.A.01	Newell	29,438
10	Z1.3.B.02	Oyen	3,741
11	Z1.3.B.03	Cypress County	12,128
12	Z1.4.A.01	Medicine Hat	70,913
13	Z1.5.A.01	Lethbridge - West	33,592
14	Z1.5.B.02	Lethbridge - North	27,691
15	Z1.5.C.03	Lethbridge - South	34,119

Continued...

Table 3.1

Distribution of Population Covered by Local Geographic Area (LGA)
as at March 31, 2016

LGA ID	LGA Code	LGA Name	Population
		CALGARY ZONE	
16	Z2.1.A.01	Calgary - Upper Nw	122,951
17	Z2.1.B.02	Calgary - North	111,503
18	Z2.1.C.03	Calgary - Nose Hill	85,739
19	Z2.1.D.04	Calgary - Lower Nw	66,833
20	Z2.1.E.05	Calgary - West Bow	22,075
21	Z2.1.F.06	Calgary - Centre North	46,138
22	Z2.2.A.01	Calgary - Upper Ne	105,572
23	Z2.2.B.02	Calgary - Lower Ne	105,908
24	Z2.3.A.01	Calgary - East	79,900
25	Z2.3.B.02	Calgary - Se	117,213
26	Z2.4.A.01	Calgary - West	93,740
27	Z2.4.B.02	Calgary - Centre	68,196
28	Z2.4.C.03	Calgary - Centre West	66,608
29	Z2.4.D.04	Calgary - Elbow	44,820
30	Z2.4.E.05	Calgary - Fish Creek	122,604
31	Z2.4.F.06	Calgary - Sw	114,081
32	Z2.5.A.01	Okotoks-Priddis	43,070
33	Z2.5.B.02	Black Diamond	8,858
34	Z2.5.B.03	High River	24,028
35	Z2.5.C.04	Claresholm	6,833
36	Z2.5.C.05	Vulcan	7,187
37	Z2.6.A.01	Airdrie	62,963
38	Z2.6.B.02	Chestermere	23,336
39	Z2.6.C.03	Strathmore	34,760
40	Z2.6.C.04	Crossfield	8,703
41	Z2.6.C.05	Didsbury	16,516
42	Z2.7.A.01	Cochrane-Springbank	44,090
43	Z2.7.B.02	Canmore	26,829
44	Z2.7.B.03	Banff	14,420

Continued...

Table 3.1

Distribution of Population Covered by Local Geographic Area (LGA) as at March 31, 2016

LGA ID	LGA Code	LGA Name	Population
		CENTRAL ZONE	
45	Z3.1.A.01	Rocky Mountain House	22,568
46	Z3.1.B.02	Drayton Valley	19,542
47	Z3.2.A.01	Sundre	7,169
48	Z3.2.A.02	Olds	12,810
49	Z3.2.B.03	Innisfail	17,121
50	Z3.2.C.04	Red Deer County	27,832
51	Z3.2.C.05	Sylvan Lake	17,789
52	Z3.3.A.01	Three Hills/Highway 21	11,764
53	Z3.3.A.02	Starland County/Drumheller	12,641
54	Z3.3.A.04	Planning & Special Area 2	4,023
55	Z3.3.B.03	Stettler & County	13,159
56	Z3.3.B.05	Castor/Coronation/Consort	6,769
57	Z3.4.A.01	Wetaskiwin County	36,607
58	Z3.4.B.02	Ponoka	12,629
59	Z3.4.B.03	Rimbey	10,031
60	Z3.4.B.04	Lacombe	23,894
61	Z3.5.A.01	Camrose & County	31,332
62	Z3.5.B.02	Tofield	8,128
63	Z3.5.B.03	Viking	2,580
64	Z3.5.B.04	Flagstaff County	9,387
65	Z3.5.C.05	Md Of Provost	5,398
66	Z3.5.C.06	Md Of Wainwright	12,381
67	Z3.6.A.01	Lamont County	6,837
68	Z3.6.A.02	Two Hills County	6,187
69	Z3.6.A.03	Vegreville/Minburn County	11,285
70	Z3.6.B.04	Vermilion River County	39,546
71	Z3.7.A.01	Red Deer - North	40,078
72	Z3.7.B.02	Red Deer - Sw	17,428
73	Z3.7.C.03	Red Deer - East	54,908

Continued...

Table 3.1
Distribution of Population Covered by Local Geographic Area (LGA)
as at March 31, 2016

LGA ID	LGA Code	LGA Name	Population
		EDMONTON ZONE	
74	Z4.1.A.01	Edmonton - Woodcroft East	64,429
75	Z4.1.B.02	Edmonton - Woodcroft West	33,185
76	Z4.1.C.03	Edmonton - Jasper Place	50,039
77	Z4.1.D.04	Edmonton - West Jasper Place	97,237
78	Z4.2.A.01	Edmonton - Castle Downs	68,358
79	Z4.2.B.02	Edmonton - Northgate	84,721
80	Z4.2.C.03	Edmonton - Eastwood	80,135
81	Z4.2.D.04	Edmonton - Abbottsfield	15,940
82	Z4.2.E.05	Edmonton - Ne	86,463
83	Z4.3.A.01	Edmonton - Bonnie Doon	103,009
84	Z4.3.B.02	Edmonton - Mill Woods West	58,522
85	Z4.3.C.03	Edmonton - Mill Woods South & East	78,300
86	Z4.4.A.01	Edmonton - Duggan	45,778
87	Z4.4.B.02	Edmonton - Twin Brooks	78,540
88	Z4.4.C.03	Edmonton - Rutherford	71,337
89	Z4.5.A.01	Sturgeon County West	31,910
90	Z4.5.B.02	Sturgeon County East	6,150
91	Z4.5.B.03	Fort Saskatchewan	24,329
92	Z4.6.A.01	Sherwood Park	83,555
93	Z4.6.B.02	Strathcona County Excluding Sherwood Park	18,232
94	Z4.7.A.01	Beaumont	22,362
95	Z4.7.A.02	Leduc & Devon	40,502
96	Z4.7.A.03	Thorsby	9,822
97	Z4.8.A.01	Stony Plain & Spruce Grove	60,653
98	Z4.8.B.02	Westview Excluding Stony Plain & Spruce Grove	32,095
99	Z4.9.A.01	St. Albert	69,405

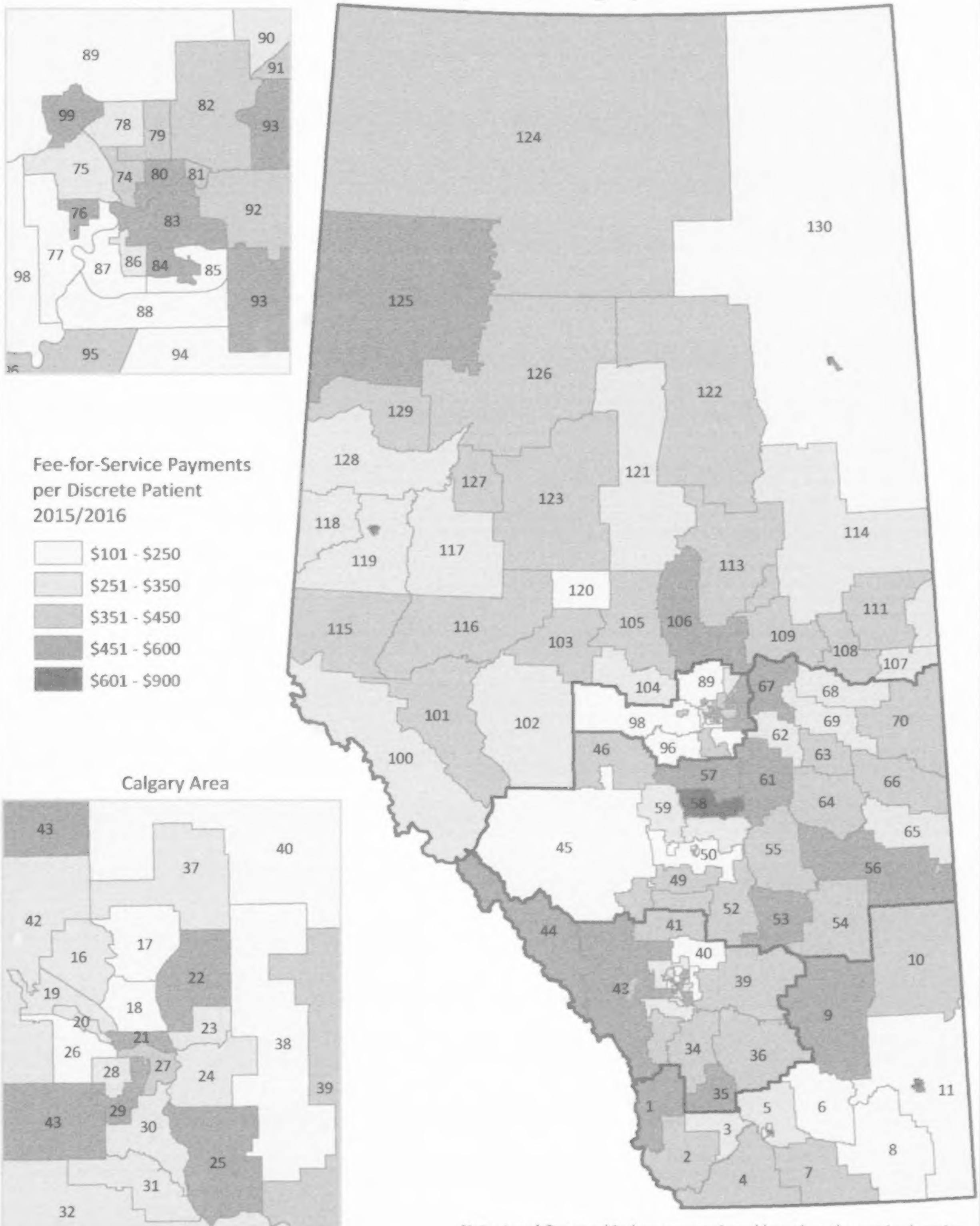
Continued...

Table 3.1
Distribution of Population Covered by Local Geographic Area (LGA) as at March 31, 2016

LGA ID	LGA Code	LGA Name	Population
		NORTH ZONE	
100	Z5.1.A.01	Jasper	5,959
101	Z5.1.A.02	Hinton	13,153
102	Z5.1.A.03	Edson	17,553
103	Z5.1.B.04	Whitecourt	16,026
104	Z5.1.B.05	Mayerthorpe	18,072
105	Z5.1.C.06	Barrhead	11,587
106	Z5.1.C.07	Westlock	20,876
107	Z5.2.A.01	Frog Lake	5,431
108	Z5.2.A.04	St. Paul	17,436
109	Z5.2.A.05	Smoky Lake	5,223
110	Z5.2.B.02	Cold Lake	21,938
111	Z5.2.B.03	Bonnyville	17,778
112	Z5.2.C.06	Boyle	3,942
113	Z5.2.C.07	Athabasca	11,856
114	Z5.2.C.08	Lac La Biche	11,393
115	Z5.3.A.01	Grande Cache	4,911
116	Z5.3.A.02	Fox Creek	2,506
117	Z5.3.A.03	Valleyview	8,183
118	Z5.3.A.05	Beaverlodge	13,417
119	Z5.3.B.04	Grande Prairie County	18,675
120	Z5.4.A.01	Swan Hills	1,744
121	Z5.4.A.02	Slave Lake	12,142
122	Z5.4.A.03	Wabasca	4,999
123	Z5.4.A.07	High Prairie	12,596
124	Z5.4.B.04	High Level	26,469
125	Z5.4.B.05	Manning	3,649
126	Z5.4.C.06	Peace River	19,582
127	Z5.4.D.08	Falher	4,773
128	Z5.4.D.09	Spirit River	7,206
129	Z5.4.D.10	Fairview	9,027
130	Z5.5.A.01	Wood Buffalo	6,020
131	Z5.6.A.01	Fort Mcmurray	88,068
132	Z5.7.A.01	City Of Grande Prairie	78,059
Unknown			379

Map 3.3

Fee-for-Service Payments per Discrete Patient by Local Geographic Area



Note: Local Geographic Area was assigned based on the service location.

Table 3.2

Distribution of Payments per Discrete Patient by Local Geographic Area (LGA) (1) for the Service Year April 1, 2015 to March 31, 2016

LGA ID	LGA Code	LGA Name	Payments per Discrete Patient
		SOUTH ZONE	
1	Z1.1.A.01	Crowsnest Pass	$481.57
2	Z1.1.A.02	Pincher Creek	$430.44
3	Z1.1.A.03	Fort Macleod	$272.30
4	Z1.1.B.04	Cardston-Kainai	$375.37
5	Z1.2.A.01	County Of Lethbridge	$250.44
6	Z1.2.B.02	Taber Md	$190.02
7	Z1.2.C.03	County Of Warner	$376.20
8	Z1.2.C.04	County Of Forty Mile	$246.76
9	Z1.3.A.01	Newell	$515.16
10	Z1.3.B.02	Oyen	$402.26
11	Z1.3.B.03	Cypress County	$199.44
12	Z1.4.A.01	Medicine Hat	$823.16
13	Z1.5.A.01	Lethbridge - West	$218.91
14	Z1.5.B.02	Lethbridge - North	$311.93
15	Z1.5.C.03	Lethbridge - South	$734.82

Continued...

Note: This table reflects fee-for-service data only.

(1) Local geographic area was assigned based on the service location.

Table 3.2
Distribution of Payments per Discrete Patient by Local Geographic Area (LGA) (1) for the Service Year April 1, 2015 to March 31, 2016

LGA ID	LGA Code	LGA Name	Payments per Discrete Patient
		CALGARY ZONE	
16	Z2.1.A.01	Calgary - Upper Nw	$258.55
17	Z2.1.B.02	Calgary - North	$238.16
18	Z2.1.C.03	Calgary - Nose Hill	$242.84
19	Z2.1.D.04	Calgary - Lower Nw	$349.94
20	Z2.1.E.05	Calgary - West Bow	$301.32
21	Z2.1.F.06	Calgary - Centre North	$590.65
22	Z2.2.A.01	Calgary - Upper Ne	$569.89
23	Z2.2.B.02	Calgary - Lower Ne	$301.85
24	Z2.3.A.01	Calgary - East	$265.01
25	Z2.3.B.02	Calgary - Se	$510.16
26	Z2.4.A.01	Calgary - West	$243.90
27	Z2.4.B.02	Calgary - Centre	$365.69
28	Z2.4.C.03	Calgary - Centre West	$279.61
29	Z2.4.D.04	Calgary - Elbow	$552.40
30	Z2.4.E.05	Calgary - Fish Creek	$281.08
31	Z2.4.F.06	Calgary - Sw	$278.84
32	Z2.5.A.01	Okotoks-Priddis	$330.43
33	Z2.5.B.02	Black Diamond	$371.84
34	Z2.5.B.03	High River	$417.38
35	Z2.5.C.04	Claresholm	$538.54
36	Z2.5.C.05	Vulcan	$405.57
37	Z2.6.A.01	Airdrie	$309.96
38	Z2.6.B.02	Chestermere	$183.94
39	Z2.6.C.03	Strathmore	$358.79
40	Z2.6.C.04	Crossfield	$238.23
41	Z2.6.C.05	Didsbury	$371.51
42	Z2.7.A.01	Cochrane-Springbank	$266.08
43	Z2.7.B.02	Canmore	$528.90
44	Z2.7.B.03	Banff	$458.27

Continued...

Note: This table reflects fee-for-service data only.

(1) Local geographic area was assigned based on the service location.

Table 3.2

Distribution of Payments per Discrete Patient by Local Geographic Area (LGA) (1) for the Service Year April 1, 2015 to March 31, 2016

LGA ID	LGA Code	LGA Name	Payments per Discrete Patient
		CENTRAL ZONE	
45	Z3.1.A.01	Rocky Mountain House	$231.73
46	Z3.1.B.02	Drayton Valley	$400.45
47	Z3.2.A.01	Sundre	$398.45
48	Z3.2.A.02	Olds	$411.81
49	Z3.2.B.03	Innisfail	$357.14
50	Z3.2.C.04	Red Deer County	$129.39
51	Z3.2.C.05	Sylvan Lake	$208.04
52	Z3.3.A.01	Three Hills/Highway 21	$404.52
53	Z3.3.A.02	Starland County/Drumheller	$474.01
54	Z3.3.A.04	Planning & Special Area 2	$416.89
55	Z3.3.B.03	Stettler & County	$407.72
56	Z3.3.B.05	Castor/Coronation/Consort	$484.83
57	Z3.4.A.01	Wetaskiwin County	$531.27
58	Z3.4.B.02	Ponoka	$900.27
59	Z3.4.B.03	Rimbey	$293.37
60	Z3.4.B.04	Lacombe	$275.68
61	Z3.5.A.01	Camrose & County	$526.37
62	Z3.5.B.02	Tofield	$328.89
63	Z3.5.B.03	Viking	$376.73
64	Z3.5.B.04	Flagstaff County	$438.27
65	Z3.5.C.05	Md Of Provost	$308.17
66	Z3.5.C.06	Md Of Wainwright	$403.31
67	Z3.6.A.01	Lamont County	$488.97
68	Z3.6.A.02	Two Hills County	$308.73
69	Z3.6.A.03	Vegreville/Minburn County	$339.37
70	Z3.6.B.04	Vermilion River County	$436.88
71	Z3.7.A.01	Red Deer - North	$198.89
72	Z3.7.B.02	Red Deer - Sw	$697.44
73	Z3.7.C.03	Red Deer - East	$169.52

Continued...

Note: This table reflects fee-for-service data only.

(1) Local geographic area was assigned based on the service location.

Table 3.2

Distribution of Payments per Discrete Patient by Local Geographic Area (LGA) (1) for the Service Year April 1, 2015 to March 31, 2016

LGA ID	LGA Code	LGA Name	Payments per Discrete Patient
		EDMONTON ZONE	
74	Z4.1.A.01	Edmonton - Woodcroft East	$379.81
75	Z4.1.B.02	Edmonton - Woodcroft West	$287.87
76	Z4.1.C.03	Edmonton - Jasper Place	$543.43
77	Z4.1.D.04	Edmonton - West Jasper Place	$220.49
78	Z4.2.A.01	Edmonton - Castle Downs	$283.57
79	Z4.2.B.02	Edmonton - Northgate	$360.27
80	Z4.2.C.03	Edmonton - Eastwood	$490.66
81	Z4.2.D.04	Edmonton - Abbottsfield	$402.35
82	Z4.2.E.05	Edmonton - Ne	$386.39
83	Z4.3.A.01	Edmonton - Bonnie Doon	$590.68
84	Z4.3.B.02	Edmonton - Mill Woods West	$527.93
85	Z4.3.C.03	Edmonton - Mill Woods South & East	$193.71
86	Z4.4.A.01	Edmonton - Duggan	$264.48
87	Z4.4.B.02	Edmonton - Twin Brooks	$224.73
88	Z4.4.C.03	Edmonton - Rutherford	$236.96
89	Z4.5.A.01	Sturgeon County West	$159.60
90	Z4.5.B.02	Sturgeon County East	$255.22
91	Z4.5.B.03	Fort Saskatchewan	$414.95
92	Z4.6.A.01	Sherwood Park	$403.27
93	Z4.6.B.02	Strathcona County Excluding Sherwood Park	$559.24
94	Z4.7.A.01	Beaumont	$213.71
95	Z4.7.A.02	Leduc & Devon	$413.99
96	Z4.7.A.03	Thorsby	$158.35
97	Z4.8.A.01	Stony Plain & Spruce Grove	$404.06
98	Z4.8.B.02	Westview Excluding Stony Plain & Spruce Grove	$224.13
99	Z4.9.A.01	St. Albert	$525.07

Continued...

Note: This table reflects fee-for-service data only.

(1) Local geographic area was assigned based on the service location.

Table 3.2

Distribution of Payments per Discrete Patient by Local Geographic Area (LGA) [1] for the Service Year April 1, 2015 to March 31, 2016

LGA ID	LGA Code	LGA Name	Payments per Discrete Patient
		NORTH ZONE	
100	Z5.1.A.01	Jasper	$316.96
101	Z5.1.A.02	Hinton	$430.26
102	Z5.1.A.03	Edson	$330.49
103	Z5.1.B.04	Whitecourt	$371.93
104	Z5.1.B.05	Mayerthorpe	$312.12
105	Z5.1.C.06	Barrhead	$400.18
106	Z5.1.C.07	Westlock	$481.12
107	Z5.2.A.01	Frog Lake	$251.88
108	Z5.2.A.04	St. Paul	$388.78
109	Z5.2.A.05	Smoky Lake	$444.65
110	Z5.2.B.02	Cold Lake	$338.33
111	Z5.2.B.03	Bonnyville	$441.47
112	Z5.2.C.06	Boyle	$433.58
113	Z5.2.C.07	Athabasca	$430.72
114	Z5.2.C.08	Lac La Biche	$346.77
115	Z5.3.A.01	Grande Cache	$404.85
116	Z5.3.A.02	Fox Creek	$356.40
117	Z5.3.A.03	Valleyview	$345.68
118	Z5.3.A.05	Beaverlodge	$280.26
119	Z5.3.B.04	Grande Prairie County	$318.65
120	Z5.4.A.01	Swan Hills	$163.89
121	Z5.4.A.02	Slave Lake	$332.25
122	Z5.4.A.03	Wabasca	$444.63
123	Z5.4.A.07	High Prairie	$384.23
124	Z5.4.B.04	High Level	$427.03
125	Z5.4.B.05	Manning	$456.10
126	Z5.4.C.06	Peace River	$392.41
127	Z5.4.D.08	Falher	$400.62
128	Z5.4.D.09	Spirit River	$326.37
129	Z5.4.D.10	Fairview	$415.91
130	Z5.5.A.01	Wood Buffalo	$136.24
131	Z5.6.A.01	Fort Mcmurray	$648.12
132	Z5.7.A.01	City Of Grande Prairie	$652.53

Note: This table reflects fee-for-service data only.

(1) Local geographic area was assigned based on the service location.

Table 3.3
Distribution of Services, Discrete Patients, and Physicians by Local Geographic Area for the Service Year April 1, 2015 to March 31, 2016

Local Geographic Area		General/Family Physicians			Specialists		
LGA Code	LGA Name	Number of Services	Number of Discrete Patients	Number of Discrete Physicians	Number of Services	Number of Discrete Patients	Number of Discrete Physicians
Z2.6.A.01	Airdrie	297,821	66,767	202	91,086	35,479	117
Z5.2.C.07	Athabasca	56,106	9,442	49	10,705	4,534	94
Z2.7.B.03	Banff	78,517	14,026	63	13,740	5,162	30
Z5.1.C.06	Barrhead	113,385	18,658	49	12,236	3,636	38
Z4.7.A.01	Beaumont	58,489	13,985	74	127	71	32
Z5.3.A.05	Beaverlodge	46,786	10,568	62	206	142	27
Z2.5.B.02	Black Diamond	57,610	11,554	60	26	17	12
Z5.2.B.03	Bonnyville	121,505	19,650	56	12,310	4,941	76
Z5.2.C.06	Boyle	34,189	4,829	33	35	24	21
Z2.4.B.02	Calgary - Centre	600,080	140,821	479	1,330,372	151,354	450
Z2.1.F.06	Calgary - Centre North	727,640	150,854	502	2,060,947	252,762	888
Z2.4.C.03	Calgary - Centre West	369,491	85,575	297	330,968	71,461	160
Z2.3.A.01	Calgary - East	180,377	42,965	217	57,063	15,172	72
Z2.4.D.04	Calgary - Elbow	521,860	115,065	418	2,007,895	239,640	687
Z2.4.E.05	Calgary - Fish Creek	573,600	125,747	401	396,484	95,397	220
Z2.2.B.02	Calgary - Lower NE	630,653	135,403	266	254,781	76,032	100
Z2.1.D.04	Calgary - Lower NW	295,212	71,761	315	970,297	213,746	567
Z2.1.B.02	Calgary - North	306,107	78,132	262	137,004	54,978	112
Z2.1.C.03	Calgary - Nose Hill	276,934	70,038	291	213,320	36,966	74
Z2.3.B.02	Calgary - SE	629,355	120,403	412	789,641	103,478	513
Z2.4.F.06	Calgary - SW	578,534	141,779	338	242,945	59,073	170
Z2.2.A.01	Calgary - Upper NE	787,284	164,657	389	1,433,326	186,592	613
Z2.1.A.01	Calgary - Upper NW	401,000	110,527	407	502,621	71,131	180
Z2.4.A.01	Calgary - West	393,894	99,743	358	215,805	90,420	137
Z2.1.E.05	Calgary - West Bow	143,311	27,930	172	156,426	31,487	168
Z3.5.A.01	Camrose & County	228,019	32,472	116	77,789	18,911	89
Z2.7.B.02	Canmore	161,378	25,460	138	59,736	7,548	70
Z1.1.B.04	Cardston-Kainai	102,922	15,528	61	2,390	1,124	52
Z3.3.B.05	Castor/Coronation/Consort	37,261	5,364	57	143	48	13
Z2.6.B.02	Chestermere	45,754	13,351	75	214	54	10
Z5.7.A.01	City of Grande Prairie	444,099	79,148	150	519,406	58,850	154
Z2.5.C.04	Claresholm	48,249	7,408	42	30,502	650	26
Z2.7.A.01	Cochrane-Springbank	138,588	33,151	174	3,639	554	26
Z5.2.B.02	Cold Lake	80,767	16,474	35	15,560	5,890	42

Note: This table reflects fee-for-service data only.

Continued...

Table 3.3
Distribution of Services, Discrete Patients, and Physicians by Local Geographic Area for the Service Year April 1, 2015 to March 31, 2016

Local Geographic Area		General/Family Physicians			Specialists		
LGA Code	LGA Name	Number of Services	Number of Discrete Patients	Number of Discrete Physicians	Number of Services	Number of Discrete Patients	Number of Discrete Physicians
Z1.2.C.04	County of Forty Mile	20,346	4,963	49	79	43	23
Z1.2.A.01	County of Lethbridge excluding the City of Lethbridge	82,292	16,351	79	4,527	1,467	39
Z1.2.C.03	County of Warner	83,892	13,348	68	1,356	204	34
Z2.6.C.04	Crossfield	8,102	1,659	38	15	13	11
Z1.1.A.01	Crowsnest Pass	53,312	6,877	35	5,303	1,710	35
Z1.3.B.03	Cypress County excluding Medicine Hat	12,350	2,790	46	58	46	13
Z2.6.C.05	Didsbury	58,489	11,415	87	994	283	23
Z3.1.B.02	Drayton Valley	106,741	17,566	79	2,177	640	41
Z4.2.D.04	Edmonton - Abbottsfield	125,939	22,244	100	21,953	7,082	49
Z4.3.A.01	Edmonton - Bonnie Doon	739,465	151,196	477	1,970,213	228,518	950
Z4.2.A.01	Edmonton - Castle Downs	322,985	80,465	220	127,239	39,359	134
Z4.4.A.01	Edmonton - Duggan	295,730	66,660	219	173,539	55,737	164
Z4.2.C.03	Edmonton - Eastwood	571,238	98,104	495	2,826,921	401,929	857
Z4.1.C.03	Edmonton - Jasper Place	760,077	130,720	414	1,283,035	210,894	512
Z4.3.C.03	Edmonton - Mill Woods South & East	141,755	41,833	179	3,527	1,572	69
Z4.3.B.02	Edmonton - Mill Woods West	878,596	167,849	390	1,470,904	172,133	512
Z4.2.E.05	Edmonton - NE	325,553	92,331	274	425,242	44,551	268
Z4.2.B.02	Edmonton - Northgate	440,465	78,556	271	324,183	86,060	292
Z4.4.C.03	Edmonton - Rutherford	265,595	84,174	245	98,960	30,365	183
Z4.4.B.02	Edmonton - Twin Brooks	270,218	62,953	317	15,829	3,585	96
Z4.1.D.04	Edmonton - West Jasper Place	163,498	34,714	239	34,403	9,341	96
Z4.1.A.01	Edmonton - Woodcroft East	620,994	106,564	360	935,633	155,363	444
Z4.1.B.02	Edmonton - Woodcroft West	172,259	40,283	202	74,662	19,135	124
Z5.1.A.03	Edson	78,083	13,745	48	1,926	789	36
Z5.4.D.10	Fairview	39,584	5,958	50	75	45	27
Z5.4.D.08	Falher	32,173	5,583	32	1,152	489	20
Z3.5.B.04	Flagstaff County	63,482	10,376	83	99	59	26
Z1.1.A.03	Fort Macleod	7,371	2,709	54	451	255	28
Z5.6.A.01	Fort McMurray	460,137	68,019	131	230,721	32,576	161
Z4.5.B.03	Fort Saskatchewan	227,065	39,281	108	65,133	25,561	176
Z5.3.A.02	Fox Creek	13,571	2,723	24	13	10	9
Z5.2.A.01	Frog Lake	28,873	7,008	15	54	36	20
Z5.3.A.01	Grande Cache	19,499	3,559	30	29	26	18

Note: This table reflects fee-for-service data only.

Continued...

Table 3.3
Distribution of Services, Discrete Patients, and Physicians by Local Geographic Area for the Service Year April 1, 2015 to March 31, 2016

Local Geographic Area		General/Family Physicians			Specialists		
LGA Code	LGA Name	Number of Services	Number of Discrete Patients	Number of Discrete Physicians	Number of Services	Number of Discrete Patients	Number of Discrete Physicians
Z5.3.B.04	Grande Prairie County excluding the City of Grande Prairie	20,501	4,831	42	91	76	29
Z5.4.B.04	High Level	121,658	19,210	57	2,340	1,100	46
Z5.4.A.07	High Prairie	62,709	9,980	64	311	110	39
Z2.5.B.03	High River	117,794	19,927	143	11,445	4,305	52
Z5.1.A.02	Hinton	76,458	12,363	47	10,722	3,546	39
Z3.2.B.03	Innisfail	82,433	15,587	76	7,801	2,234	51
Z5.1.A.01	Jasper	26,376	5,377	18	367	235	26
Z5.2.C.08	Lac La Biche	69,281	11,302	35	43	36	23
Z3.4.B.04	Lacombe	102,726	23,978	101	12,566	2,460	39
Z3.6.A.01	Lamont County	54,822	8,216	39	5,916	2,214	34
Z4.7.A.02	Leduc & Devon	282,426	57,089	164	109,828	29,869	164
Z1.5.B.02	Lethbridge - North	22,667	3,823	101	8,342	1,016	41
Z1.5.C.03	Lethbridge - South	535,433	83,623	219	808,531	83,242	167
Z1.5.A.01	Lethbridge - West	117,827	28,067	117	28,085	9,905	59
Z3.5.C.05	MD of Provost	22,556	4,268	23	7	7	7
Z3.5.C.06	MD of Wainwright	65,649	10,217	43	3,560	1,700	71
Z5.4.B.05	Manning	19,277	2,922	29	18	18	11
Z5.1.B.05	Mayerthorpe	39,662	9,025	70	1,605	357	41
Z1.4.A.01	Medicine Hat	584,971	72,972	169	500,041	56,878	138
Z1.3.A.01	Newell	157,939	23,108	76	12,967	3,741	53
Z2.5.A.01	Okotoks-Priddis	187,653	42,698	147	53,006	16,930	37
Z3.2.A.02	Olds	133,801	18,283	71	8,896	2,637	55
Z1.3.B.02	Oyen	17,482	2,592	34	217	39	10
Z5.4.C.06	Peace River	110,497	19,301	72	2,587	840	48
Z1.1.A.02	Pincher Creek	68,336	10,223	51	2,820	1,721	48
Z3.3.A.04	Planning & Special Area 2	26,328	4,195	31	2,719	360	18
Z3.4.B.02	Ponoka	265,814	18,772	72	95,318	2,915	56
Z3.7.C.03	Red Deer - East	158,155	34,974	153	5,872	1,710	43
Z3.7.A.01	Red Deer - North	166,798	43,701	135	19,508	5,007	49
Z3.7.B.02	Red Deer - SW	468,376	89,464	185	968,799	114,507	252
Z3.2.C.04	Red Deer County excluding the City of Red Deer	17,182	9,215	95	17,963	3,557	37
Z3.4.B.03	Rimbey	50,231	8,708	76	1,341	205	23
Z3.1.A.01	Rocky Mountain House	79,562	15,943	87	1,328	214	46
Z4.6.A.01	Sherwood Park	459,885	91,736	266	307,680	70,399	274

Note: This table reflects fee-for-service data only.

Continued...

Table 3.3
Distribution of Services, Discrete Patients, and Physicians by Local Geographic Area for the Service Year April 1, 2015 to March 31, 2016

Local Geographic Area		General/Family Physicians			Specialists		
LGA Code	LGA Name	Number of Services	Number of Discrete Patients	Number of Discrete Physicians	Number of Services	Number of Discrete Patients	Number of Discrete Physicians
Z5.4.A.02	Slave Lake	39,735	9,493	48	3,627	1,191	33
Z5.2.A.05	Smoky Lake	36,314	5,033	36	29	27	22
Z5.4.D.09	Spirit River	24,774	4,915	45	28	25	16
Z4.9.A.01	St. Albert	584,005	109,930	295	472,467	72,285	288
Z5.2.A.04	St. Paul	95,335	14,721	77	4,159	907	53
Z3.3.A.02	Starland County/Drumheller	70,895	12,073	60	13,050	2,802	30
Z3.3.B.03	Stettler & County	82,579	12,074	54	2,366	391	28
Z4.8.A.01	Stony Plain & Spruce Grove	426,320	79,731	221	112,027	31,458	130
Z4.6.B.02	Strathcona County excluding Sherwood Park	1,403	133	61	152	57	42
Z2.6.C.03	Strathmore	152,943	28,278	105	3,090	810	60
Z4.5.B.02	Sturgeon County East	17,213	3,529	29	33	17	12
Z4.5.A.01	Sturgeon County West	10,652	2,424	80	2,913	323	54
Z3.2.A.01	Sundre	42,494	8,195	71	145	63	10
Z5.4.A.01	Swan Hills	707	422	20	6	6	6
Z3.2.C.05	Sylvan Lake	97,423	23,368	71	1,712	187	26
Z1.2.B.02	Taber MD	27,720	6,396	68	3,585	2,266	46
Z4.7.A.03	Thorsby	7,018	2,251	32	43	34	24
Z3.3.A.01	Three Hills/Highway 21	41,935	7,471	82	530	160	23
Z3.5.B.02	Tofield	19,493	4,246	58	3,919	279	26
Z3.6.A.02	Two Hills County	22,399	4,564	41	24	14	16
Z5.3.A.03	Valleyview	28,871	5,898	52	45	35	26
Z3.6.A.03	Vegreville/Minburn County	56,659	8,944	69	4,985	1,086	33
Z3.6.B.04	Vermilion River County	120,902	21,726	95	94,329	19,705	110
Z3.5.B.03	Viking	31,807	4,807	21	127	80	10
Z2.5.C.05	Vulcan	25,393	4,372	70	677	128	14
Z5.4.A.03	Wabasca	27,695	4,550	30	312	77	25
Z5.1.C.07	Westlock	144,739	23,214	101	24,979	3,336	46
Z4.8.B.02	Westview excluding Stony Plain and Spruce Grove	5,766	1,326	105	259	96	51
Z3.4.A.01	Wetaskiwin County	202,442	28,859	110	47,053	9,150	83
Z5.1.B.04	Whitecourt	81,733	14,842	63	282	245	33
Z5.5.A.01	Wood Buffalo excluding Fort McMurray	1,830	761	21	48	26	17
Unknown		206,898	57,717	1,115	132,248	33,989	664
Total		24,585,863	3,390,810	4,795	25,992,039	2,172,757	3,790

Note: This table reflects fee-for-service data only.

Table 3.4 A

Distribution of Payments by Practitioner Type and Alberta Health Services Geographic Zone Service Location and Recipient Location for the Service Year April 1, 2015 to March 31, 2016

Payments [1]

Zone Service Location	Zone Recipient Location						
	All Zones	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Unknown
ALL PHYSICIANS							
South Zone	$210,758,159	**$198,563,813**	$7,647,689	$1,989,629	$1,357,362	$954,464	$245,202
Calgary Zone	1,306,251,298	32,164,798	**1,226,008,723**	28,498,076	12,300,683	6,244,901	1,034,118
Central Zone	285,462,244	2,023,521	12,497,881	**253,005,742**	11,676,237	5,979,459	279,404
Edmonton Zone	1,284,250,442	3,615,585	15,991,609	66,894,037	**1,093,829,728**	102,476,358	1,443,125
North Zone	232,185,466	668,656	2,738,936	3,073,427	8,255,902	**217,169,619**	278,926
Unknown	17,101,647	676,494	2,369,367	9,192,963	2,594,820	2,115,006	**152,996**
Total	$3,336,009,256	$237,712,867	$1,267,254,205	$362,653,875	$1,130,014,731	$334,939,807	$3,433,771
GENERAL PRACTITIONERS							
South Zone	$108,379,367	**$102,514,484**	$3,394,276	$1,010,352	$779,045	$547,876	$133,335
Calgary Zone	513,898,181	4,118,981	**495,481,988**	5,583,305	5,746,214	2,572,099	395,595
Central Zone	166,419,671	1,245,845	7,836,394	146,308,667	7,536,838	3,310,088	181,840
Edmonton Zone	477,221,916	1,109,967	6,207,073	12,052,884	**438,468,438**	18,814,245	569,310
North Zone	162,563,519	488,001	1,977,420	2,411,707	6,274,807	**151,243,412**	168,172
Unknown	9,189,333	373,109	1,111,769	5,230,917	1,209,728	1,160,357	**103,454**
Total	$1,437,671,988	$109,850,386	$516,008,920	$172,597,831	$460,015,068	$177,648,078	$1,551,705
SPECIALISTS (includes Pathology)							
South Zone	$102,378,792	**$96,049,329**	$4,253,413	$979,277	$578,317	$406,588	$111,867
Calgary Zone	792,353,117	28,045,817	**730,526,735**	22,914,772	6,554,469	3,672,802	638,523
Central Zone	119,042,573	777,677	4,661,487	**106,697,075**	4,139,399	2,669,371	97,564
Edmonton Zone	807,028,526	2,505,618	9,784,536	54,841,154	**655,361,291**	83,662,113	873,814
North Zone	69,621,948	180,655	761,516	661,720	1,981,095	**65,926,207**	110,755
Unknown	7,912,314	303,385	1,257,598	3,962,046	1,385,093	954,649	**49,542**
Total	$1,898,337,269	$127,862,481	$751,245,285	$190,056,044	$669,999,663	$157,291,730	$1,882,065

Note: This table reflects fee-for-service data only.

(1) The sum of payments may not match the totals due to rounding.

Table 3.4 B

Number of Services by Practitioner Type and Alberta Health Services Geographic Zone Service Location and Recipient Location for the Service Year April 1, 2015 to March 31, 2016

Services							
Zone Service Location	Zone Recipient Location						
	All Zones	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Unknown
ALL PHYSICIANS							
South Zone	3,273,612	3,090,939	114,431	29,219	20,415	14,632	3,976
Calgary Zone	20,161,698	451,704	18,995,184	416,600	188,599	93,042	16,569
Central Zone	4,318,996	34,162	176,094	3,829,778	186,714	87,519	4,729
Edmonton Zone	19,067,343	50,483	231,847	897,096	16,503,391	1,362,484	22,042
North Zone	3,417,107	9,225	41,070	42,883	112,221	3,207,371	4,337
Unknown	339,146	21,604	58,371	138,671	78,257	38,759	3,484
Total	50,577,902	3,658,117	19,616,997	5,354,247	17,089,597	4,803,807	55,137
GENERAL PRACTITIONERS							
South Zone	1,894,860	1,796,402	57,415	16,547	12,811	9,193	2,492
Calgary Zone	8,793,633	67,006	8,490,852	92,072	94,368	42,010	7,325
Central Zone	2,918,954	22,095	121,697	2,577,836	136,126	57,531	3,669
Edmonton Zone	8,209,232	18,277	100,908	194,378	7,579,746	305,802	10,121
North Zone	2,562,286	6,920	30,715	35,528	90,155	2,396,243	2,725
Unknown	206,898	14,554	28,087	97,499	37,349	27,683	1,726
Total	24,585,863	1,925,254	8,829,674	3,013,860	7,950,555	2,838,462	28,058
SPECIALISTS (includes Pathology)							
South Zone	1,378,752	1,294,537	57,016	12,672	7,604	5,439	1,484
Calgary Zone	11,368,065	384,698	10,504,332	324,528	94,231	51,032	9,244
Central Zone	1,400,042	12,067	54,397	1,251,942	50,588	29,988	1,060
Edmonton Zone	10,858,111	32,206	130,939	702,718	8,923,645	1,056,682	11,921
North Zone	854,821	2,305	10,355	7,355	22,066	811,128	1,612
Unknown	132,248	7,050	30,284	41,172	40,908	11,076	1,758
Total	25,992,039	1,732,863	10,787,323	2,340,387	9,139,042	1,965,345	27,079

Note: This table reflects fee-for-service data only.

Table 3.4 C

Number of Discrete Patients by Practitioner Type and Alberta Health Services Geographic Zone Service Location and Recipient Location for the Service Year April 1, 2015 to March 31, 2016

Discrete Patients							
Zone Service Location	**Zone Recipient Location**						
	All Zones[1]	**South Zone**	**Calgary Zone**	**Central Zone**	**Edmonton Zone**	**North Zone**	**Unknown**
ALL PHYSICIANS							
South Zone	266,107	241,399	16,456	4,428	3,260	2,299	488
Calgary Zone	1,441,534	37,555	1,329,665	38,628	28,868	12,261	1,856
Central Zone	424,703	4,484	24,668	361,964	23,790	13,858	603
Edmonton Zone	1,369,778	5,419	33,574	90,595	1,122,519	126,850	2,282
North Zone	400,486	2,222	11,943	9,483	25,938	354,836	815
Unknown	85,416	7,559	18,667	27,344	17,418	14,642	285
Total[2]	3,545,109	254,361	1,358,995	406,074	1,150,548	401,145	5,813
GENERAL PRACTITIONERS							
South Zone	252,065	231,733	12,862	3,797	3,014	2,159	446
Calgary Zone	1,335,413	13,731	1,272,395	20,365	23,593	9,668	1,458
Central Zone	406,351	3,711	22,228	352,397	20,823	10,855	536
Edmonton Zone	1,161,180	3,959	26,012	37,060	1,046,549	54,194	1,796
North Zone	392,278	2,114	11,432	9,129	24,970	348,362	743
Unknown	57,717	4,915	8,296	23,269	11,024	10,398	226
Total[2]	3,390,810	243,951	1,303,849	396,430	1,079,239	390,161	4,920
SPECIALISTS (includes Pathology)							
South Zone	145,657	134,778	7,560	1,824	1,147	791	243
Calgary Zone	915,326	30,394	841,163	27,215	12,025	6,469	1,010
Central Zone	172,354	1,689	7,083	151,498	7,320	5,629	185
Edmonton Zone	951,306	3,211	15,426	74,304	757,653	104,767	1,330
North Zone	119,438	387	1,577	1,443	3,900	112,508	226
Unknown	33,989	3,167	10,739	7,852	7,175	5,049	76
Total[2]	2,172,757	148,420	859,052	211,051	769,808	193,244	2,905

Note: This table reflects fee-for-service data only.

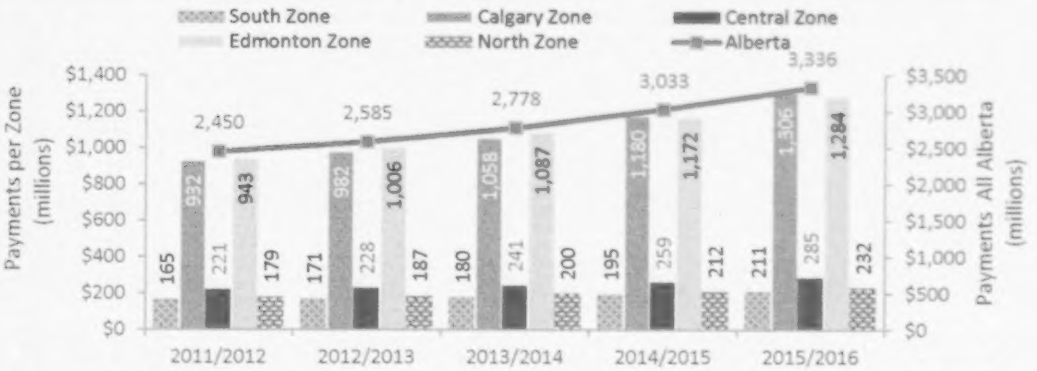
(1) Number of discrete patients for All Zones represents a discrete count of patients within all Zone Recipient Locations.

(2) Number of discrete patients for Total represents a discrete count of patients within all Zone Service Locations.

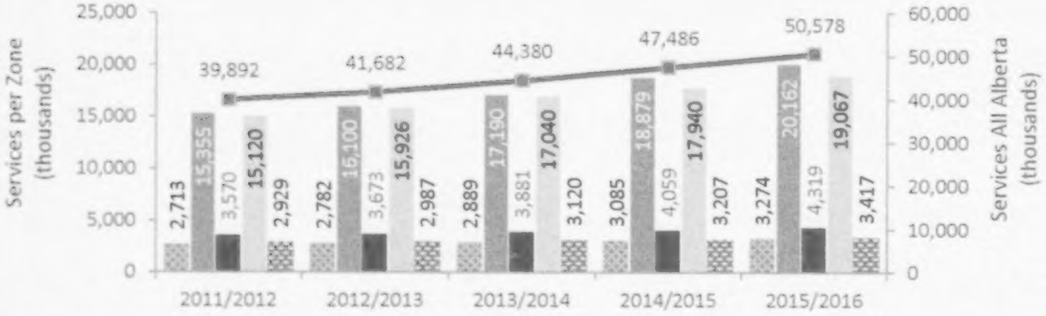
Figure 3.1

Fee-for-Services Physician Payments, Services, and Discrete Patients by Alberta Health Services Geographic Zone for the Service Years Ended March 31, 2012 to March 31, 2016

Payments



Services



Discrete Patients

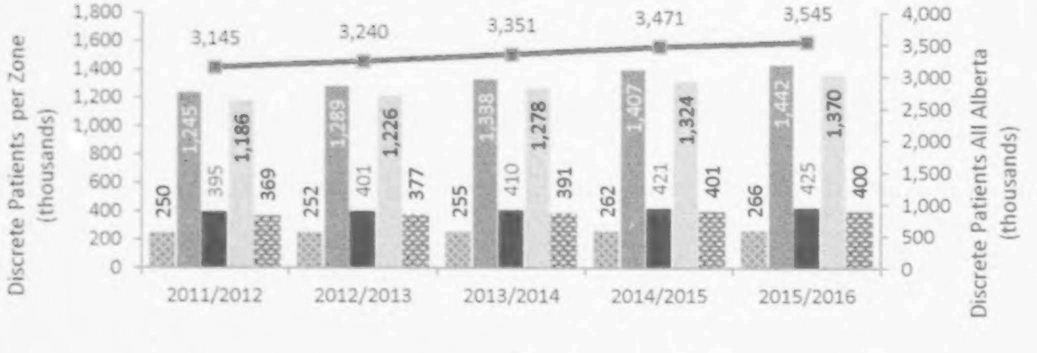


Table 3.5

Distribution of Payments [1] by Diagnostic Chapter (ICD9) and Alberta Health Services Geographic Zone Service Location for the Service Year April 1, 2015 to March 31, 2016

Zone Service Location / Diagnostic Chapter (ICD9)	All Zones	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Unknown
Infectious and Parasitic Diseases	$52,516,671	$3,126,681	$21,756,052	$4,658,841	$18,416,364	$4,215,239	$343,494
Neoplasms	119,195,590	7,650,978	51,222,461	8,197,096	46,549,503	5,141,056	434,496
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders	102,587,035	7,561,868	37,216,361	8,782,086	39,998,761	8,523,397	504,563
Diseases of Blood and Blood Forming Organs	14,334,194	1,577,985	4,981,175	1,462,725	4,991,954	1,190,313	130,041
Mental Disorders	348,439,888	19,467,692	129,102,912	35,263,007	142,808,505	17,691,575	4,106,197
Diseases of the Nervous System and Sense Organs	222,832,226	15,958,243	98,541,650	14,592,343	82,309,891	10,911,583	518,517
Diseases of the Circulatory System	216,282,758	14,921,725	72,023,026	18,509,064	95,826,285	13,822,143	1,180,515
Diseases of the Respiratory System	179,783,140	11,955,083	63,310,367	17,297,714	69,034,466	17,187,715	997,794
Diseases of the Digestive System	114,728,377	9,258,161	38,031,446	13,403,839	40,416,763	12,520,341	1,097,826
Diseases of the Genitourinary System	135,199,364	9,386,457	51,033,418	15,204,031	48,666,899	9,817,443	1,091,116
Complications of Pregnancy, Childbirth and the Puerperium	88,703,180	4,890,752	37,590,088	9,796,994	27,016,310	8,798,046	610,988
Diseases of the Skin and Subcutaneous Tissue	78,239,974	4,880,403	30,339,730	8,106,354	27,963,643	6,530,945	418,898
Diseases of the Musculoskeletal System and Connective Tissue	185,216,144	14,778,242	70,839,050	17,700,352	66,301,619	14,787,657	809,224
Congenital Anomalies	10,822,149	375,169	4,988,998	304,311	4,725,165	404,236	24,269
Certain Conditions Originating in the Perinatal Period	11,333,979	1,658,987	3,271,437	1,671,570	2,668,113	1,977,637	86,235
Symptoms, Signs and Ill-Defined Conditions	375,916,950	22,222,381	136,273,377	34,543,431	151,710,246	29,082,568	2,084,946
Injury and Poisoning	166,847,326	12,404,159	59,263,667	16,790,078	60,962,269	16,324,270	1,102,883
Non-Standard Diagnostic Codes [2]	325,825,106	19,211,349	131,678,403	25,990,627	116,184,830	31,280,112	1,479,785
Unknown Diagnostic Chapter [3]	587,205,206	29,471,842	264,787,677	33,187,780	237,698,857	21,979,189	79,861
Total	$3,336,009,257	$210,758,159	$1,306,251,298	$285,462,244	$1,284,250,442	$232,185,466	$17,101,647

Note: This table reflects fee-for-service data only.

(1) Payment totals have been rounded.

(2) Non-Standard Diagnostic Codes are supplementary diagnostic codes to the International Classification of Diseases; i.e. external causes of injury.

(3) Radiologists, pathologists, surgical assistants and anaesthesiologists are not required to provide diagnostic codes when submitting claims to the AHCIP. Claims for these services are included under Unknown Diagnostic Chapter.

Table 3.6

Distribution of Physicians with Total Payments of $10,000 and Over, and Average Payments by Alberta Health Services Geographic Zone for the Service Year April 1, 2015 to March 31, 2016 [1]

Zone Service Location	Total			General/Family Physicians			Specialists [4]		
	Number of Physicians	Amount Paid	Average Payments	Number of Physicians	Amount Paid	Average Payments	Number of Physicians	Amount Paid	Average Payments
South Zone	596	$192,568,622	$323,102	366	$108,111,571	$295,387	230	$84,457,051	$367,205
Calgary Zone	3,320	1,111,184,081	334,694	1,952	513,111,036	262,864	1,368	598,073,045	437,188
Central Zone	858	260,312,415	303,394	591	165,974,092	280,836	267	94,338,323	353,327
Edmonton Zone	2,854	1,106,922,863	387,850	1,514	476,660,136	314,835	1,340	630,262,727	470,345
North Zone	703	217,901,864	309,960	507	162,239,304	319,999	196	55,662,560	283,993
Unknown	221	14,979,669	67,781	125	7,995,060	63,960	96	6,984,609	72,756
Total [2] [3]	7,773	$2,908,443,123	$374,173	4,633	$1,437,020,453	$310,171	3,140	$1,471,422,671	$468,606

Note: This table reflects fee-for-service data only.

(1) This report reflects discrete physician counts of physicians within each zone that were paid $10,000 or more for services provided in the respective zone.

(2) The number of physicians in the Alberta total is the actual number of physicians in the province who were paid $10,000 or more for services provided in Alberta. Physicians included in multiple zones are only counted once in the Alberta totals.

(3) The total amount paid may not match the sum of amounts paid for each zone since physicians may make less than $10,000 within a zone but more than $10,000 in Alberta. Therefore, the payments would not be included in the zone payments but they would be included in the Alberta payments.

(4) Excludes pathology and radiology laboratory specialists because billings for more than one physician may be included under one physician billing number.

Table 3.7 A
Number of General/Family Physicians by Payment Range and Alberta Health Services Geographic Zone Service Location for the Service Year April 1, 2015 to March 31, 2016 (1)

Zone Service Location / Payment Range	All Zones (2)	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Unknown
Less than $10,000	162	181	404	307	400	240	990
10,000 - 19,999	90	23	61	34	36	30	45
20,000 - 39,999	170	16	108	47	57	30	26
40,000 - 59,999	151	11	73	22	51	22	13
60,000 - 79,999	128	15	73	19	45	9	9
80,000 - 99,999	181	8	100	23	65	21	5
100,000 - 119,999	153	9	104	18	47	16	3
120,000 - 139,999	166	11	76	19	56	12	2
140,000 - 159,999	194	16	92	14	62	17	7
160,000 - 179,999	180	10	80	16	68	16	4
180,000 - 199,999	182	10	91	17	56	15	2
200,000 - 299,999	932	67	392	91	309	68	9
300,000 - 399,999	841	66	314	107	260	80	
400,000 - 499,999	536	45	180	85	151	66	
500,000 - 599,999	311	33	92	47	93	40	
600,000 - 699,999	164	13	51	19	45	33	
700,000 - 799,999	115	5	31	9	46	17	
800,000 - 899,999	62	6	19	2	22	7	
900,000 - 999,999	31	2	9	1	13	3	
1,000,000 & over	46		6	1	32	5	
Total	4,795	547	2,356	898	1,914	747	1,115

Note: This table reflects fee-for-service data only.

(1) This report reflects discrete counts of general practitioners by payment range within each zone.

(2) The number of physicians reported for All Zones represents the actual number of physicians with payments greater than zero at the Alberta level and does not represent the sum of physicians reported for the zones since physicians may provide health services in multiple zones and would be double counted.

(3) A blank cell represents a zero value.

Table 3.7 B
Number of Specialists by Payment Range and Alberta Health Services Geographic Zone Service Location for the Service Year April 1, 2015 to March 31, 2016 (1)

Zone Service Location / Payment Range	All Zones (2)	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Unknown
Less than $10,000	284	81	274	210	219	236	568
10,000 - 19,999	78	33	36	29	43	35	34
20,000 - 39,999	112	17	52	42	62	49	35
40,000 - 59,999	90	9	40	29	45	21	8
60,000 - 79,999	90	4	42	15	47	22	2
80,000 - 99,999	81	4	37	19	50	8	1
100,000 - 119,999	79	3	41	10	31	5	
120,000 - 139,999	54	5	21	12	23	4	2
140,000 - 159,999	77	4	41	3	27	7	
160,000 - 179,999	80	7	45	8	21	5	2
180,000 - 199,999	73	5	37	5	34	6	1
200,000 - 299,999	423	26	210	20	174	24	7
300,000 - 399,999	433	21	201	23	172	15	2
400,000 - 499,999	425	26	187	31	172	14	
500,000 - 599,999	380	21	155	30	151	20	
600,000 - 699,999	263	18	98	20	107	18	1
700,000 - 799,999	175	5	55	16	88	6	
800,000 - 899,999	132	14	42	8	64	5	
900,000 - 999,999	94	6	35	3	44	4	1
1,000,000 & over	367	18	159	20	152	6	
Total	3,790	327	1,808	553	1,726	510	664

Note: This table reflects fee-for-service data only.

(1) This report reflects discrete counts of specialists by payment range within each zone.

(2) The number of physicians reported for All Zones represents the actual number of physicians with payments greater than zero at the Alberta level and does not represent the sum of physicians reported for the zones since physicians may provide health services in multiple zones and would be double counted.

(3) A blank cell represents a zero value.

Table 3.8

Number of Physicians by Specialty Within Alberta Health Services Geographic Zones for the Service Year April 1, 2015 to March 31, 2016 (1)

Physicians by Specialty	Number of Physicians			
	All Zones (2)	Calgary Zone	Edmonton Zone	All Other Zones
Anaesthesiology	427	187	188	81
Cardiovascular and Thoracic Surgery	23	7	17	2
Dermatology	54	30	21	8
Emergency Medicine	147	93	62	20
General/Family Physicians (GP/FPs)	4,795	2,356	1,914	1,703
General Surgery	208	84	77	92
Internal Medicine	813	370	438	233
Neurology	67	21	37	26
Neurosurgery	22	7	17	2
Obstetrics-Gynaecology	222	116	93	64
Ophthalmology	127	62	52	36
Orthopaedic Surgery	184	92	68	64
Otolaryngology	70	26	33	17
Paediatrics	349	204	109	76
Physical Medicine and Rehabilitation	49	17	31	8
Plastic Surgery	66	38	27	16
Psychiatry	508	247	242	133
Urology	56	25	26	21
All Specialists (except GP/FPs, Pathologists and Radiologists) (3)	3,392	1,626	1,538	899
Total: All Physicians (except Pathologists and Radiologists) (3)	**8,187**	**3,982**	**3,452**	**2,602**

Note: This table reflects fee-for-service data only.

(1) This report reflects discrete counts of physicians by specialty within each zone, where the physician payment was greater than zero within the zone.

(2) The number of physicians reported for All Zones represents the actual number of physicians with payments greater than zero at the Alberta level and does not represent the sum of physicians reported for the zones since physicians may provide health services in multiple zones and would be double counted.

(3) Excludes pathology and radiology specialists because billings for more than one physician may be included under one physician billing number.

Table 3.9

Distribution of Alternative Relationship Plan (ARP) Service Events [1] and Discrete Patients by Alberta Health Services Geographic Zones for the Service Year April 1, 2015 to March 31, 2016

	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Zone Service Location	**Number of Service Events**				
South Zone	81,585	70,950	65,644	66,355	71,860
Calgary Zone	923,544	1,015,352	1,067,354	1,097,739	1,271,547
Central Zone	3,642	2,906	2,648	3,277	3,433
Edmonton Zone	605,299	545,979	558,134	621,946	726,750
North Zone	6,622	4,521	7,764	6,023	16,098
Unknown	45,306	45,375	44,007	45,291	60,589
Zone Service Location	**Number of Discrete Patients**				
South Zone	18,421	16,896	15,619	15,931	16,713
Calgary Zone	168,873	183,563	188,405	192,302	199,242
Central Zone	1,827	1,434	1,351	1,771	1,779
Edmonton Zone	144,378	131,177	135,339	137,881	143,020
North Zone	2,575	1,746	2,560	2,406	4,915
Unknown	8,419	8,232	8,273	9,158	12,615

Note: This table reflects service event reporting data only. Service event reporting data represent the data submitted by Alternative Relationship Plans (ARPs).

(1) The information displayed in this table must be interpreted with caution as the Alternative Relationship Plan data may not be complete.

Table 3.10
Distribution of Allied Practitioner Services and Payments by Alberta Health Services Geographic Zone for the Service Year April 1, 2015 to March 31, 2016 (1) (2)

Zone Service Location	Total		Optometrists		Dentists/Dental Specialists/ Oral Surgeons		Podiatrists	
	Services	Payments	Services	Payments	Services	Payments	Services	Payments
South	141,308	$6,847,977	109,767	$5,348,917	1,183	$227,802	30,358	$1,271,258
Calgary	651,884	32,824,941	485,515	23,461,562	11,746	3,234,517	154,623	6,128,863
Central	198,736	10,034,242	180,345	8,854,545	1,522	530,437	16,869	649,260
Edmonton	631,330	32,210,480	514,278	24,327,736	16,513	5,044,850	100,539	2,837,893
North	129,278	6,161,113	118,833	5,725,044	344	147,300	10,101	288,769
Unknown	4,848	182,472	3,245	148,621	1	136	1,602	33,715
Total	1,757,384	$88,261,224	1,411,983	$67,866,424	31,309	$9,185,042	314,092	$11,209,758

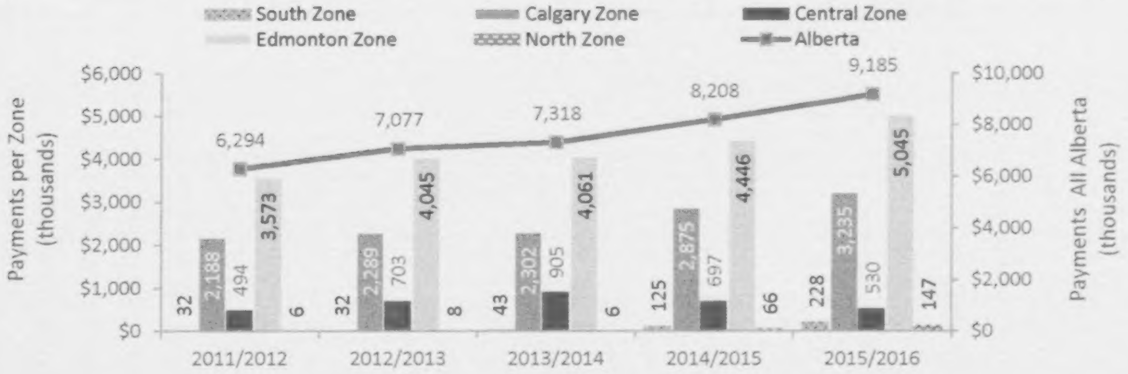
Note: This table reflects fee-for-service data only.

(1) The payment totals may not match the sum of the payments made for services provided in the zones due to rounding.

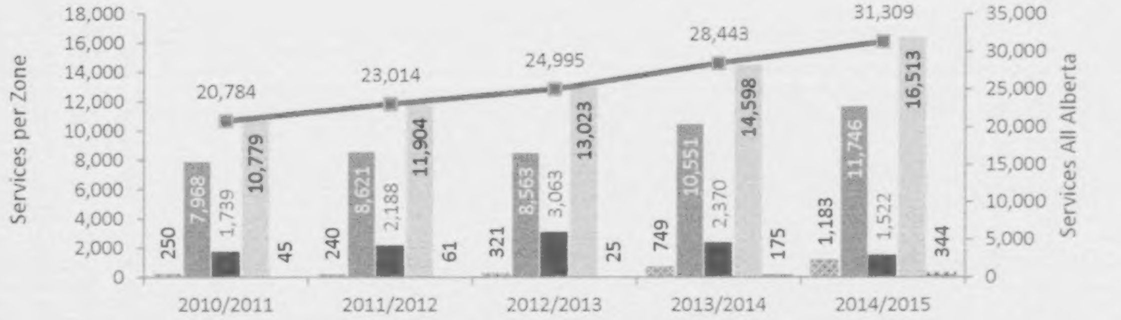
(2) A blank cell represents a zero value.

Figure 3.2
Dentists/Dental Specialists/Oral Surgeons Payments, Services, and Discrete Patients by Alberta Health Services Geographic Zone for the Service Years Ended March 31, 2012 to March 31, 2016

Payments



Services



Discrete Patients

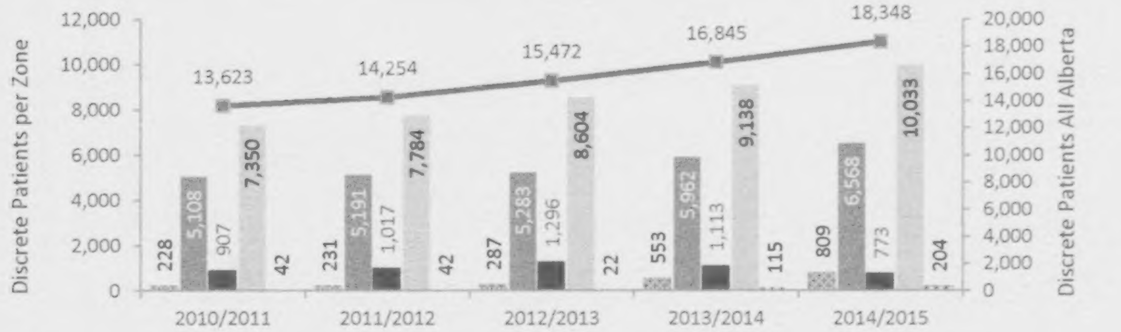
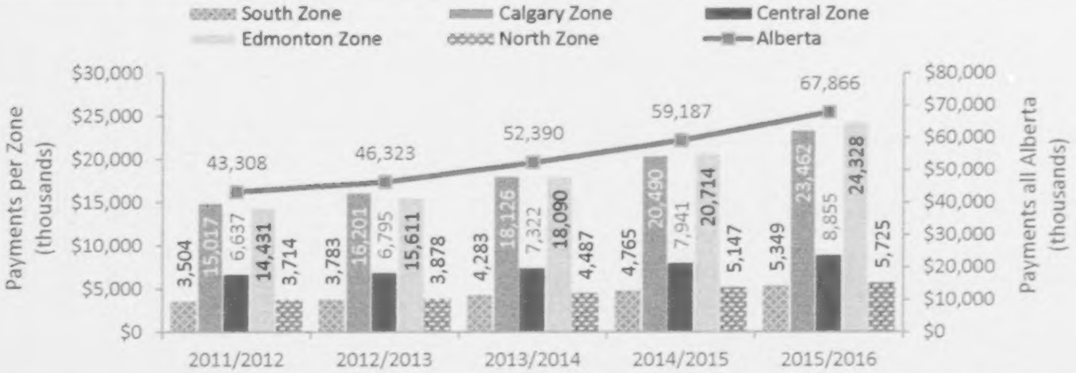
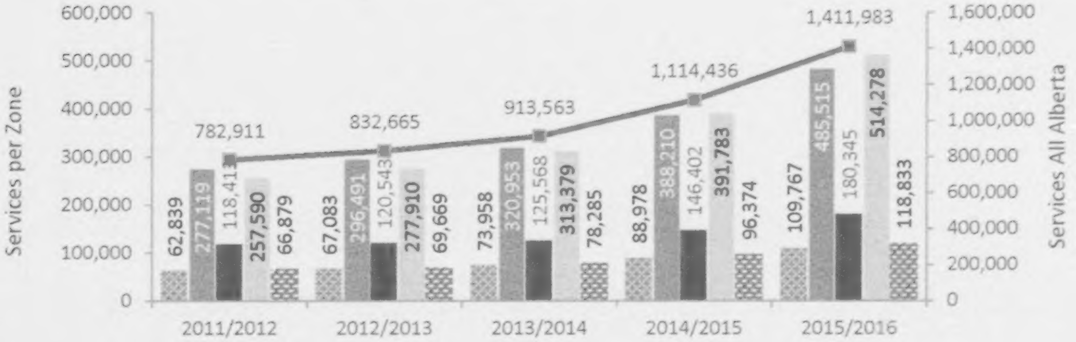


Figure 3.3
Optometrists Payments, Services, and Discrete Patients by Alberta Health Services Geographic Zone for the Service Years Ended March 31, 2012 to March 31, 2016

Payments



Services



Discrete Patients

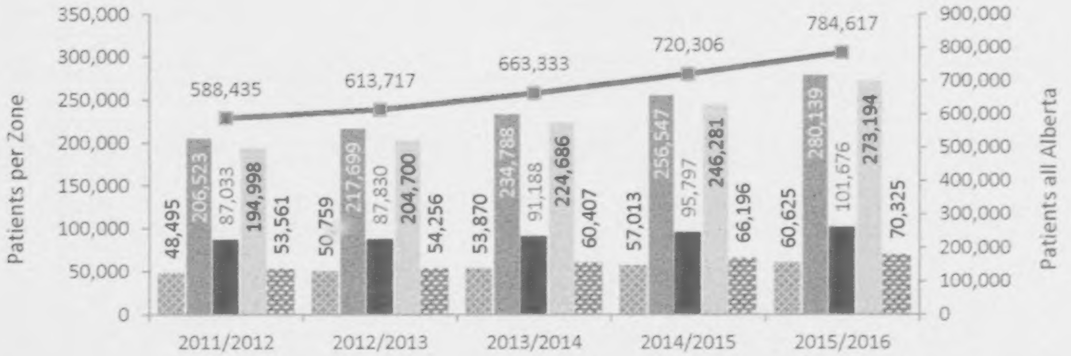
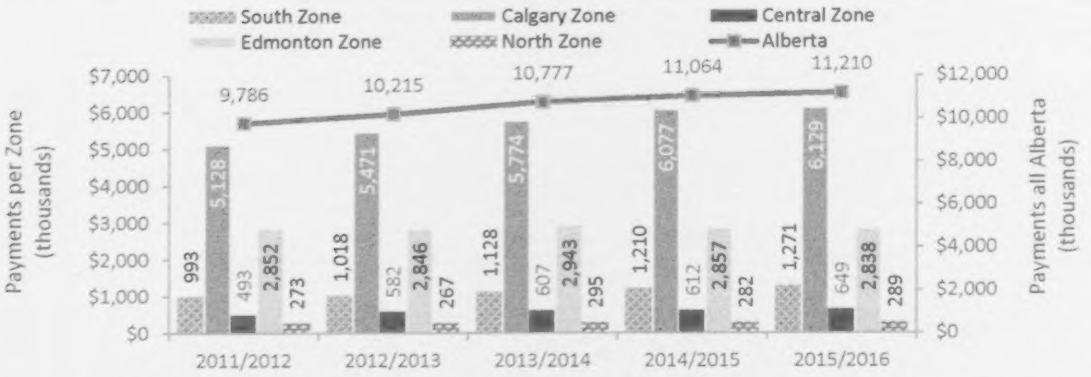


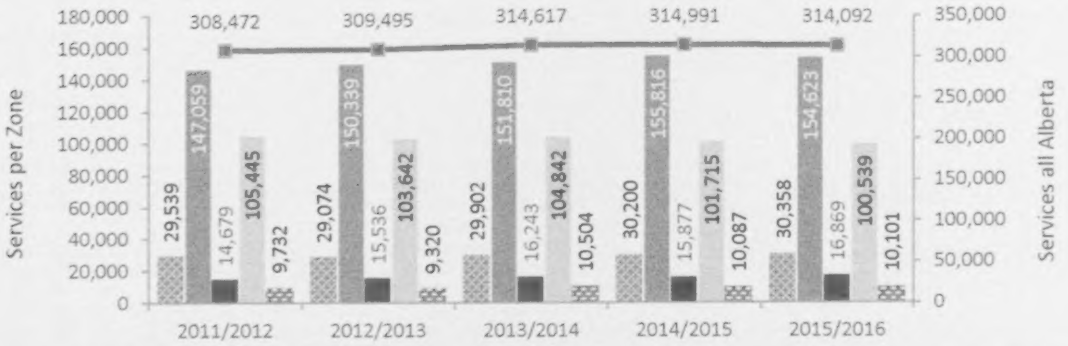
Figure 3.4

Podiatrists Payments, Services, and Discrete Patients by Alberta Health Services Geographic Zone for the Service Years Ended March 31, 2012 to March 31, 2016

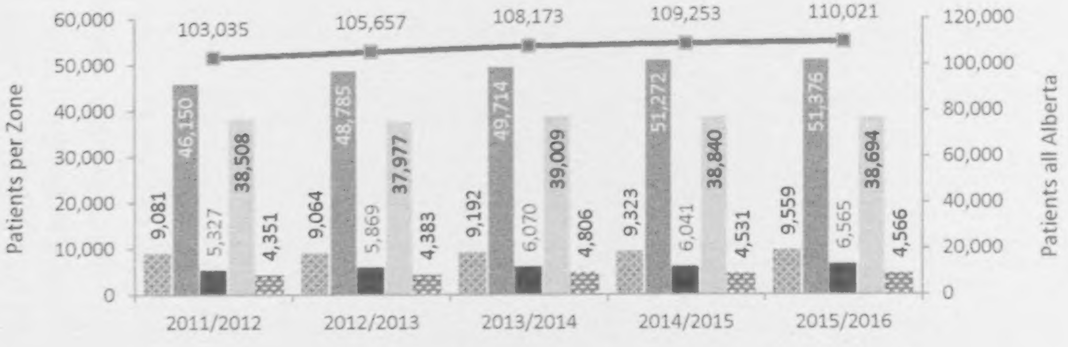
Payments



Services



Discrete Patients



Non-Group Supplementary Plans

Summary

Non-Group supplementary health plans provide coverage for prescribed drugs and selected health services. These supplementary health plans are funded by Alberta Health and administered by Alberta Blue Cross.

Albertans under the age of 65 can purchase Non-Group coverage. A reduced premium rate is available to Albertans with lower incomes; premium-free coverage is offered to seniors and their dependants. Premium-free drug coverage is also provided to people who have been diagnosed as being palliative and receive their health care at home rather than at a hospital.

The government-sponsored Non-Group supplementary health plans are collectively referred to as "non-group" plans to distinguish them from the "group" or employer-sponsored and individual supplementary benefit plans available through Alberta Blue Cross and other insurers.

The data in this section include the number of persons covered by level of premium payment, by age and gender, and by types of services (ambulance, drugs, hospital accommodation or other). Information is also provided about the number, types and costs of drug prescriptions, and the top 10 drug expenditures.

Highlights

- In 2015/2016, the number of Albertans who were covered under Non-Group supplementary plans increased to 650,085, an increase of 3.66% compared to 2014/2015.

- The number of persons covered through full premium rates was 76,036 (11.70% of the total Non-Group membership).

- A total of 5,884 people (0.91% of the total Non-Group membership) received non-group coverage at reduced premium rates.

- A total of 568,165 people (87.40% of total Non-Group membership) received their coverage premium-free.

- More than $816 million was paid for benefits under the Non-Group supplementary plans in 2015/2016, an increase of 9.91% compared to 2014/2015.

- More than $586 million was paid for benefits for seniors and their dependants in 2015/2016. These payments accounted for 71.78% of the total amount spent on the Non-Group supplementary plans.

- Drugs accounted for more than $782 million or 95.73% of total Non-Group benefit expenditures. Ambulance services accounted for over $26 million or 3.21% of the total.

- Over the past five years significant savings have been realized through generic price reductions. The savings resulted from a lowering of the price threshold for listing and patent expiry for key molecules.

In 2015/2016, the 10 highest expenditure drugs were used to treat common chronic conditions including:

- Rheumatoid Arthritis / Crohn's Disease;
- Neovascular (wet) Age Related Macular Degeneration;
- Rheumatoid Arthritis / Psoriatic Arthritis / Plaque Psoriasis;
- Chronic Hepatitis C;
- Chronic Obstructive Pulmonary Disease;
- Asthma/Chronic Obstructive Pulmonary Disease;
- Multiple Sclerosis; and
- Blood Glucose Monitoring.

Premium Subsidy Program

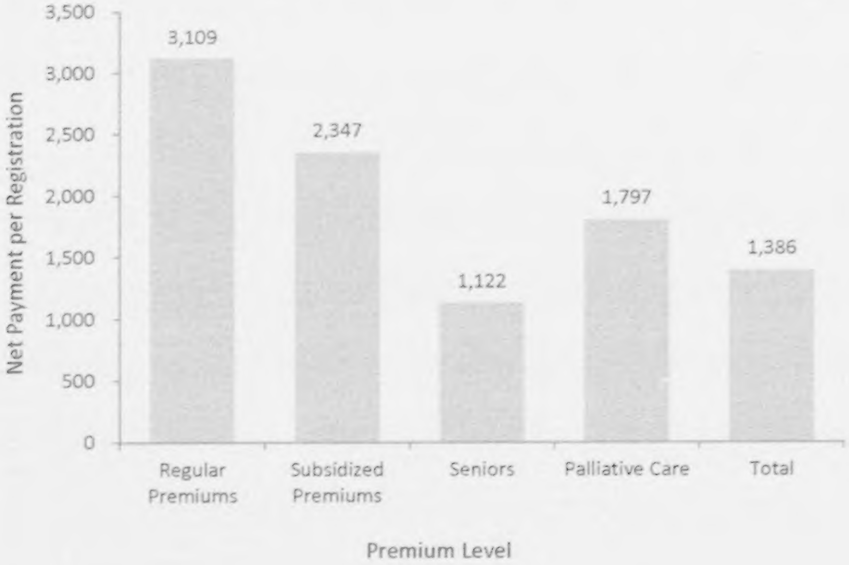
Eligibility for the Premium Subsidy Program is based on the applicant's family category and the taxable income of the applicant and his/her spouse or partner (if applicable) for the year which precedes the subsidy period. A subsidy period runs from April 1 of one year to March 31 of the following year.

Family category (shown below) is determined based on whether or not the applicant is single (one person) or family (two or more people) with a spouse/partner and/or children on the registration account.

2015/2016 Premium Subsidy Tresholds

Family Category	Full Premiums
Single	the same or greater than $20,970
Family - no children	the same or greater than $33,240
Family - with children	the same or greater than $39,250

Figure 4.1
Non-Group Supplementary Coverage: Average Net Payment for Drugs per Recipient by Coverage Category for the Year April 1, 2015 to March 31, 2016



Explanatory Notes

Data

Data in this section are provided by Alberta Health (Tables 4.1 - 4.3), Alberta Blue Cross (Figure 4.1, Tables 4.4 - 4.5 and Tables 4.7 - 4.9), and the Alberta College of Pharmacists (Table 4.6).

Non-Group Supplementary Coverage Parameters

Non-Group coverage includes drugs and selected health services such as: some ambulance services; clinical psychological services; some home nursing care; prosthetic and orthotic benefits; and mastectomy prostheses. Coverage for private or semi-private hospital accommodation is included in the plan offered to Albertans under the age of 65 and their eligible dependants. The Alberta Drug Benefit List defines the drugs that are covered by the Non-Group Supplementary plans.

Note: The subtotals/totals across tables may not match due to rounding.

Table 4.1

Non-Group Supplementary Coverage:
Number of Registrations and Persons Covered by Level of Premium Payment as at March 31, 2012 to March 31, 2016

Registration Status		Number of Registrations & Persons Covered					Percentage Change			
		2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	2012/2013	2013/2014	2014/2015	2015/2016
Regular Premiums	Registrations	43,153	41,904	40,665	39,756	39,718	(2.89)	(2.96)	(2.24)	(0.10)
	Persons	84,893	81,766	78,815	76,271	76,036	(3.68)	(3.61)	(3.23)	(0.31)
Reduced Premiums	Registrations	7,920	6,263	5,162	4,261	3,616	(20.92)	(17.58)	(17.45)	(15.14)
	Persons	14,138	10,841	8,680	7,112	5,884	(23.32)	(19.93)	(18.06)	(17.27)
No Premiums (1)	Registrations	318,576	333,720	349,087	364,569	380,680	4.75	4.60	4.43	4.42
	Persons	473,175	496,614	520,328	543,778	568,165	4.95	4.78	4.51	4.48
Total	Registrations	369,649	381,887	394,914	408,586	424,014	3.31%	3.41%	3.46%	3.78%
	Persons	572,206	589,221	607,823	627,161	650,085	2.97%	3.16%	3.18%	3.66%

(1) Persons covered under the Seniors, Alberta Widows' Pension, or Palliative Care coverage categories receive premium-free coverage.

Table 4.2

Non-Group Supplementary Coverage:
Number of Registrations and Persons Covered by Coverage Category and Level of Premium Payment as at March 31, 2012 to March 31, 2016 (1)

Registration Status		Total					Regular Premium				
		2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
One Person	Registrations	193,005	198,983	205,631	212,823	220,752	18,570	18,430	18,239	18,260	18,408
	Persons	193,005	198,983	205,631	212,823	220,752	18,570	18,430	18,239	18,260	18,408
Two Persons	Registrations	161,776	168,604	175,275	182,095	189,478	15,444	14,718	14,021	13,450	13,247
	Persons	323,552	337,208	350,550	364,190	378,956	30,888	29,436	28,042	26,900	26,494
Three or	Registrations	14,868	14,300	14,008	13,668	13,784	9,139	8,756	8,405	8,046	8,063
More Persons	Persons	55,649	53,030	51,642	50,148	50,377	35,435	33,900	32,534	31,111	31,134
Total	Registrations	369,649	381,887	394,914	408,586	424,014	43,153	41,904	40,665	39,756	39,718
	Persons	572,206	589,221	607,823	627,161	650,085	84,893	81,766	78,815	76,271	76,036

Continued ...

Note: As at March 31, 2016, 1,466 people were covered by the Palliative Care Drug Program. Of these, 463 are not included in this table as they were covered only under the Palliative Care Drug Program and had no other Non-Group supplementary coverage.

(1) The report reflects a discrete count of people receiving Non-Group supplementary coverage. The table excludes people on the Palliative Care Drug Program as those under the program who were seniors, purchased Non-Group coverage or received the Alberta Widows' Pension are accounted for under these coverage categories.

Table 4.2

Non-Group Supplementary Coverage:
Number of Registrations and Persons Covered by Coverage Category and Level of Premium Payment as at March 31, 2012 to March 31, 2016 (1) (2)

Registration Status		Subsidized Premium					Seniors				
		2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
One Person	Registrations	4,810	3,935	3,378	2,804	2,431	169,464	176,550	184,005	191,759	199,913
	Persons	4,810	3,935	3,378	2,804	2,431	169,464	176,550	184,005	191,759	199,913
Two Persons	Registrations	1,685	1,269	974	797	658	144,645	152,617	160,280	167,848	175,573
	Persons	3,370	2,538	1,948	1,594	1,316	289,290	305,234	320,560	335,696	351,146
Three or More Persons	Registrations	1,425	1,059	810	660	527	4,303	4,485	4,793	4,962	5,194
	Persons	5,958	4,368	3,354	2,714	2,137	14,250	14,762	15,754	16,323	17,106
Total	Registrations	7,920	6,263	5,162	4,261	3,616	318,412	333,652	349,078	364,569	380,680
	Persons	14,138	10,841	8,680	7,112	5,884	473,004	496,546	520,319	543,778	568,165

Registration Status		Alberta Widows' Pension				
		2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
One Person	Registrations	161	68	9		
	Persons	161	68	9		
Two Persons	Registrations	2				
	Persons	4				
Three or More Persons	Registrations	1				
	Persons	6				
Total	Registrations	164	68	9		
	Persons	171	68	9		

Note: As at March 31, 2016, 1,466 people were covered by the Palliative Care Drug Program. Of these, 463 are not included in this table as they were covered only under the Palliative Care Drug Program and had no other Non-Group supplementary coverage.

(1) The report reflects a discrete count of people receiving Non-Group supplementary coverage. The table excludes people on the Palliative Care Drug Program, as those under the program who were seniors or purchased Non-Group coverage are accounted for under these coverage categories.

(2) A blank cell represents a zero value.

Table 4.3

Non-Group Supplementary Coverage:

Persons Covered by Age and Sex as at March 31, 2012 to March 31, 2016

Age Group	Total					Percentage Change Total			
	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	2012/2013	2013/2014	2014/2015	2015/2016
Under 1	451	451	400	378	393	0.00	(11.31)	(5.50)	3.97
1 - 4	2,337	2,162	2,112	1,990	1,962	(7.49)	(2.31)	(5.78)	(1.41)
5 - 14	9,932	9,395	9,095	8,832	8,934	(5.41)	(3.19)	(2.89)	1.15
15 - 24	16,094	15,112	14,515	14,078	13,906	(6.10)	(3.95)	(3.01)	(1.22)
25 - 44	16,630	15,797	15,433	15,004	15,202	(5.01)	(2.30)	(2.78)	1.32
45 - 64	103,522	101,390	100,144	99,419	100,026	(2.06)	(1.23)	(0.72)	0.61
65 - 74	230,307	245,933	260,748	275,747	290,305	6.78	6.02	5.75	5.28
75 & Older	192,933	198,981	205,376	211,713	219,357	3.13	3.21	3.09	3.61
Total	572,206	589,221	607,823	627,161	650,085	2.97%	3.16%	3.18%	3.66%

Age Group	Male					Percentage Change Male			
	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	2012/2013	2013/2014	2014/2015	2015/2016
Under 1	227	234	205	186	199	3.08	(12.39)	(9.27)	6.99
1 - 4	1,193	1,108	1,076	998	980	(7.12)	(2.89)	(7.25)	(1.80)
5 - 14	4,950	4,712	4,584	4,513	4,582	(4.81)	(2.72)	(1.55)	1.53
15 - 24	8,167	7,635	7,279	7,085	6,942	(6.51)	(4.66)	(2.67)	(2.02)
25 - 44	7,596	7,214	7,088	6,932	7,021	(5.03)	(1.75)	(2.20)	1.28
45 - 64	34,583	33,121	32,125	31,306	31,174	(4.23)	(3.01)	(2.55)	(0.42)
65 - 74	111,616	119,488	126,640	134,168	141,390	7.05	5.99	5.94	5.38
75 & Older	81,254	84,261	87,497	90,758	94,507	3.70	3.84	3.73	4.13
Total	249,586	257,773	266,494	275,946	286,795	3.28%	3.38%	3.55%	3.93%

Age Group	Female					Percentage Change Female			
	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	2012/2013	2013/2014	2014/2015	2015/2016
Under 1	224	217	195	192	194	(3.13)	(10.14)	(1.54)	1.04
1 - 4	1,144	1,054	1,036	992	982	(7.87)	(1.71)	(4.25)	(1.01)
5 - 14	4,982	4,683	4,511	4,319	4,352	(6.00)	(3.67)	(4.26)	0.76
15 - 24	7,927	7,477	7,236	6,993	6,964	(5.68)	(3.22)	(3.36)	(0.41)
25 - 44	9,034	8,583	8,345	8,072	8,181	(4.99)	(2.77)	(3.27)	1.35
45 - 64	68,939	68,269	68,019	68,113	68,852	(0.97)	(0.37)	0.14	1.08
65 - 74	118,691	126,445	134,108	141,579	148,915	6.53	6.06	5.57	5.18
75 & Older	111,679	114,720	117,879	120,955	124,850	2.72	2.75	2.61	3.22
Total	322,620	331,448	341,329	351,215	363,290	2.74%	2.98%	2.90%	3.44%

Table 4.4
Non-Group Supplementary Coverage:
Number of Discrete Recipients and Net Payment by Coverage Category, Level of Premium Payment and Type of Service for the Year April 1, 2015 to March 31, 2016 (1)

Coverage Category and Type of Service	Discrete Recipients	Net Payment (2)	Net Payment per Recipient
REGULAR PREMIUM			
Ambulance	1,825	$507,682	$278
Drugs	69,480	215,982,940	3,109
Hospital Accommodation	133	78,102	587
Chiropractor			
Other (3)	604	91,414	151
Subtotal	69,679	$216,660,139	$3,109
SUBSIDIZED PREMIUM			
Ambulance	219	$51,581	$236
Drugs	5,125	12,029,568	2,347
Hospital Accommodation	5	2,934	587
Chiropractor			
Other	42	7,799	186
Subtotal	5,141	$12,091,882	$2,352
SENIORS			
Ambulance	65,548	$25,559,083	$390
Drugs	492,318	552,295,914	1,122
Hospital Accommodation			
Chiropractor	60,465	8,211,732	136
Other	1,664	264,229	159
Subtotal	498,913	$586,330,958	$1,175
PALLIATIVE CARE			
Ambulance	219	$71,921	$328
Drugs	945	1,698,246	1,797
Hospital Accommodation			
Chiropractor			
Other			
Subtotal	995	$1,770,167	$1,779
TOTAL			
Ambulance	67,794	$26,190,267	$386
Drugs	564,170	782,006,668	1,386
Hospital Accommodation	138	81,036	587
Chiropractor	60,465	8,211,732	136
Other	2,307	363,443	158
Total	571,000	$816,853,146	$1,431

(1) A blank cell represents a zero value.

(2) The sum of net payments may not match the sub-totals or totals, due to rounding.

(3) Other service includes clinical psychology, home nursing, prostheses and other orthotics, and mastectomy prostheses.

Table 4.5
Non-Group Supplementary Coverage:
Number of Drug Prescriptions and Net Payment by Prescription Type and Coverage Category for the Year April 1, 2015 to March 31, 2016 (1)

Prescription Type and Coverage Category	Number of Prescriptions (2)	Net Payment (3)
PRESCRIPTION DRUGS (4)		
Regular Premium	1,458,972	$209,389,694
Subsidized Premium	136,310	11,523,887
Seniors	14,682,753	520,013,112
Palliative Care	27,033	1,633,031
Subtotal	16,305,068	$742,559,725
OVER-THE-COUNTER (5)		
Regular Premium	83,178	$6,593,602
Subsidized Premium	6,943	505,681
Seniors	533,011	32,294,330
Palliative Care	2,788	65,214
Subtotal	625,920	$39,458,827
ADJUSTMENTS (6)		
Regular Premium	3	($357)
Subsidized Premium		
Seniors	4	(11,528)
Palliative Care		
Subtotal	7	($11,885)
ALL PRESCRIPTIONS		
Regular Premium	1,542,153	$215,982,940
Subsidized Premium	143,253	12,029,568
Seniors	15,215,768	552,295,914
Palliative Care	29,821	1,698,246
Total	16,930,995	$782,006,668

(1) A blank cell represents a zero value.

(2) Number of prescriptions represents the number of transactions reported by Alberta Blue Cross.

(3) The sum of net payments may not match the sub-totals or totals, due to rounding.

(4) Refers to drugs available only with a prescription.

(5) Refers to an otherwise over-the-counter drug type which has been prescribed for these members.

(6) Adjustments refer to retroactive transactions (e.g. coverage effective dates and cancellations, refunds, etc.).

Table 4.6
Number and Percentage Change of Licensed Community Pharmacies in Alberta as of March 31, 2012 to March 31, 2016 (1)

Year	Number of Pharmacies	Percentage Change from the Prior Year
2011/2012	1,015	2.53
2012/2013	1,036	2.07
2013/2014	1,089	5.12
2014/2015	1,107	1.65
2015/2016	1,164	5.15
Annual Average Percentage Change for Last 5 Years		3.48

(1) Data provided by the Alberta College of Pharmacists.

Table 4.7

Non-Group Supplementary Coverage:

Ten Highest Prescription Drug Expenditures by Net Payment and Coverage Category for the Year April 1, 2015 to March 31, 2016 (1)

Coverage Category	Drug Name	Strength	Major Uses	Number of Prescriptions (2)	Discrete Recipients	Net Payment
REGULAR AND SUBSIDIZED PREMIUM						
	Remicade	100 mg/vial	Rheumatoid Arthritis / Crohn's Disease	14,154	1,892	$50,892,653
	Humira	40 mg/0.8 ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Psoriasis	19,233	1,808	22,185,695
	Harvoni	90 mg/400 mg	Chronic Hepatitis C	4,327	273	18,823,306
	Copaxone	20 mg/ml syringe	Multiple Sclerosis	6,510	807	8,768,192
	Enbrel	50 mg/ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Psoriasis	6,609	673	8,755,781
	Gilenya	0.5 mg cap	Multiple Sclerosis	3,729	343	7,354,377
	Tecfidera	120 mg cap	Multiple Sclerosis	4,143	410	5,839,694
	Sovaldi	400 mg	Chronic Hepatitis C	939	65	4,838,217
	Stelara	0.5 ml vial	Plaque Psoriasis	1,000	220	3,139,687
	Cerezyme	400 units	Gaucher's Disease	435	9	2,796,219
SENIORS (3)						
	Lucentis	2.3 mg/vial	Neovascular (wet) Age Related Macular Degeneration	26,151	7,060	$45,818,117
	Harvoni	90 mg/400 mg	Chronic Hepatitis C	2,885	177	12,714,073
	Spiriva	18 mcg inh cap	Chronic Obstructive Pulmonary Disease	90,119	25,114	12,408,819
	Remicade	100 mg/vial	Rheumatoid Arthritis / Crohn's Disease	3,273	443	11,052,869
	Humira	40 mg/0.8 ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Plaque	7,390	684	10,268,730
	Symbicort Turbuhaler	200 mcg/6 mcg	Asthma/Chronic Obstructive Pulmonary Disease	74,767	24,750	9,793,637
	Enbrel	50 mg/ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis /Plaque	6,513	582	9,614,040
	Blood Glucose Test Strips	N/A	Blood Glucose Monitoring	82,984	19,780	6,548,046
	Advair Diskus	500 mcg/dose	Asthma/Chronic Obstructive Pulmonary Disease	23,261	6,858	6,361,920
	Advair	250 mcg/dose	Asthma/Chronic Obstructive Pulmonary Disease	29,664	9,827	5,969,738

Continued...

(1) The sums of the Net Payments may not match the All Groups totals, due to rounding.

(2) Number of Prescriptions represents the number of transactions reported by Alberta Blue Cross.

(3) Seniors refers to the registration status of account holder or spouse/partner age 65 or older and their dependants.

Table 4.7
Non-Group Supplementary Coverage:
Ten Highest Prescription Drug Expenditures by Net Payment and Coverage Category for the Year April 1, 2015 to March 31, 2016 [1]

Coverage Category	Drug Name	Strength	Major Uses	Number of Prescriptions [2]	Discrete Recipients	Net Payment
PALLIATIVE CARE						
	Sandostatin Lar	20 mg/vial	Rare Endocrine Tumor / Acromegaly / Diarrhea	49	5	$155,185
	Sandostatin Lar	30 mg/vial	Rare Endocrine Tumor / Acromegaly / Diarrhea	75	11	135,095
	Sandostatin	200 mcg/ml injection	Rare Endocrine Tumor / Acromegaly / Diarrhea	125	27	50,984
	Fetanyl Citrate	0.05 mg/ml syringe	Analgesic	723	174	49,270
	Innohep	0.9 ml syringe	Prevention / Treatment of Blood Clots	61	18	47,135
	Innohep	0.7 ml syringe	Prevention / Treatment of Blood Clots	126	28	42,616
	Hydromorphone HP	10 mg/ml injection	Analgesic	541	98	41,469
	Innohep	20,000 IU syringe	Prevention / Treatment of Blood Clots	115	23	38,584
	Fragmin	0.5 ml syringe	Prevention / Treatment of Blood Clots	74	14	37,828
	Innohep	0.5 ml syringe	Prevention / Treatment of Blood Clots	117	22	36,270
ALL GROUPS						
	Remicade	100 mg/vial	Rheumatoid Arthritis / Crohn's Disease	17,427	2,335	$61,945,522
	Lucentis	2.3 mg/vial	Neovascular (wet) Age Related Macular Degeneration	26,621	7,180	46,542,295
	Humira	40 mg/0.8 ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Plaque	26,623	2,492	32,454,425
	Harvoni	90 mg/400 mg	Chronic Hepatitis C	7,215	451	31,560,470
	Enbrel	50 mg/ml syringe	Rheumatoid Arthritis / Psoriasis Arthritis /Plaque	13,122	1,255	18,369,821
	Spiriva	18 mcg inh cap	Chronic Obstructive Pulmonary Disease	94,708	26,432	12,942,503
	Symbicort Turbuhaler	200 mcg/6 mcg	Asthma/Chronic Obstructive Pulmonary Disease	84,845	28,273	10,873,797
	Copaxone	20 mg/ml syringe	Multiple Sclerosis	6,979	880	9,676,187
	Gilenya	0.5 mg cap	Multiple Sclerosis	3,934	363	7,888,961
	Blood Glucose Test Strips	N/A	Blood Glucose Monitoring	98,694	23,557	7,728,994

(1) The sums of the Net Payments may not match the All Groups totals, due to rounding.

(2) Number of Prescriptions represents the number of transactions reported by Alberta Blue Cross.

Table 4.8
Non-Group Supplementary Coverage:
Cost of Prescription by Broad Drug Category
for the Year April 1, 2015 to March 31, 2016

Broad Drug Category	Number of Prescriptions (1)	Net Payment	Co-Payment (2)	Coordination of Benefits (3)	Average Gross Cost per Prescription (4)
Antihistamines	2,643	$122,164	$21,644	$4,761	$56.21
Antineoplastic Agents	51,205	4,602,861	659,978	140,157	105.52
Antitussives, Expectorants, Mucolytics	33,832	6,930,655	555,229	56,591	222.94
Anti-Infective Agents	799,012	64,073,132	5,976,691	754,226	88.61
Autonomic Drugs	680,136	53,384,740	8,930,216	635,489	92.56
Blood Formation and Coagulation	585,136	46,895,078	5,894,235	728,339	91.46
Cardiovascular Drugs	5,273,054	117,135,681	45,446,241	1,070,972	31.04
Central Nervous System Drugs	3,638,714	98,839,368	28,474,753	2,968,785	35.80
Devices(5)	8,019	157,382	68,146	1,895	28.36
Dental Agents	18	195	83		15.46
Diabetic Supplies(6)	193,578	10,891,896	511,282	365,682	60.80
Electrolytic, Caloric, Water Balance	529,397	5,947,998	2,410,260	60,975	15.90
Enzymes	684	4,537,300	5,700		6641.81
Eye, Ear, Nose and Throat Preparations	421,137	57,512,613	4,486,922	135,814	147.54
Gastrointestinal Drugs	1,196,246	37,733,191	12,297,477	674,273	42.39
Gold Compounds	432	32,672	6,199	1,038	92.38
Heavy Metal Antagonists	1,321	2,202,896	22,466	67,968	1736.06
Hormones & Synthetic Substitutes	2,115,171	67,348,848	17,202,681	1,234,245	40.56
Local Anaesthetics	95	11,955	417		130.23
Out of Country & Special Access	3,027	89,100	22,998	11,755	40.92
Serums, Toxoids, and Vaccines	2,782	177,965	31,161	1,560	75.73
Skin & Mucous Membrane Preparations	367,997	7,613,758	2,887,170	128,316	28.88
Smooth Muscle Relaxants	99,642	4,392,203	1,068,802	48,117	55.29
Unclassified Therapeutic Agents	821,914	190,181,000	8,198,617	13,075,111	257.27
Undetermined(7)	7	(11,885)	242		(1663.16)
Vitamins	105,796	1,203,903	457,743	25,136	15.94
Total (8)	16,930,995	$782,006,668	$145,637,351	$22,191,205	$56.10

(1) Number of Prescriptions represents the number of transactions reported by Alberta Blue Cross.

(2) Co-Payment represents the portion of the prescription cost the recipient pays when a prescription is filled.

(3) Coordination of Benefits represents amounts paid by other supplementary health plans. Coordination of Benefits would apply in situations where a person submits a claim to more than one supplementary health plan.

(4) Gross Cost = Net Payment + Co-Payment + Coordination of Benefits.

(5) Only those devices used with prescription drugs.

(6) Diabetic Supplies are used for insulin treated diabetic patients.

(7) Negative payments represent adjustments and/or reversals of claim payments.

(8) The sums of the columns may not match the totals due to rounding.

(9) A blank cell represents a zero value.

Table 4.9

Non-Group Supplementary Coverage:
Number of Prescriptions and Prescription Cost Components
by Coverage Category (Direct Bill Claims Only)
for the Year April 1, 2015 to March 31, 2016 [1]

Coverage Category	Number of Prescriptions [2]	Drug Material Cost [A]	Dispensing Fee [3] [B]	Additional Inventory Allowance [4] [C]	Adjustments [5] [D]	Gross Cost [6] [E]	Co-Payment [7] [F]	Coordination of Benefits [8] [G]	Net Payment [9] [H]
Regular and Subsidized Premiums	1,670,221	$235,444,982	$16,355,528	$8,989,962	($1,374)	$260,789,098	$16,683,588	$17,659,368	$226,446,142
Seniors	15,167,700	500,327,968	155,081,533	26,347,216	(12,295)	681,744,421	127,951,068	3,599,679	550,193,674
Palliative Care	29,163	1,764,850	256,222	92,167		2,113,238	192,275	246,626	1,674,337
Average Cost per Prescription		43.73	10.18	2.10		56.01			46.14
Total [10]	16,867,084	$737,537,799	$171,693,283	$35,429,344	($13,669)	$944,646,757	$144,826,931	$21,505,673	$778,314,153

(1) A direct bill claim is submitted for payment directly to Alberta Blue Cross by the pharmacy.

(2) Number of Prescriptions represents the number of transactions reported by Alberta Blue Cross.

(3) The Dispensing Fee is the portion of the overall prescription cost that covers pharmacists' professional services and business overhead.

(4) Additional Inventory Allowance is an additional fee paid to pharmacies to compensate for a portion of their inventory management.

(5) Adjustments refer to retroactive transactions (e.g. coverage effective dates and cancellations, refunds, etc.)

(6) Gross Cost [E] = [A] + [B] + [C] + [D]

(7) Co-Payment represents the portion of the prescription cost the recipient pays when the prescription is filled.

(8) Coordination of Benefits represents amounts paid by other supplementary health plans. Coordination of Benefits would apply in situations where a person submits a claim to more than one supplementary health plan.

(9) Net Payment [H] = [E] - [F] - [G]

(10) The sums of the columns may not match the totals due to rounding.

Glossary/Definitions

Alberta Health Care Insurance Plan (AHCIP)

A non-profit, publicly funded plan administered and operated by Alberta Health under the *Alberta Health Care Insurance Act* and its regulations. The AHCIP pays for insured physician and dentists/dental specialist/oral surgical services and some services provided by optometrists and podiatrists to eligible residents of Alberta.

Allied Health Services

Services provided by dentists/dental specialists/oral surgeons, optometrists and podiatrists, and funded by the AHCIP. Some fees for allied health services may exceed the coverage provided by the AHCIP in which case the individual patient is responsible for the difference.

Alternative Relationship Plan

A plan that provides physicians with an alternative to the traditional fee-for-service payment method and provides physicians with flexibility in the way they provide care. An Alternative Relationship Plan enables a team-based approach and promotes improved access to care, patient satisfaction and the recruitment/retention of physicians.

Basic Health Services

Insured services provided by physicians and dentists/dental specialists/oral surgeons as well as a number of services provided by optometrists and podiatrists.

Blank Cell

Represents a zero value.

Bracketed Data

Bracketed data ( ) indicates negative figures.

Chiropractic Services

As of July 1, 2009, chiropractic services were no longer covered under the AHCIP.

Clinical Stabilization Initiative

Established in the 2006 *Amending Agreement to the Tri-Lateral Master Agreement* and includes: the Rural Remote Northern Program; the Business Cost Program; and the Communities in Crisis Program. The purpose of the Rural Remote Northern Program is to improve physician recruitment and retention in underserviced areas by providing physician incentive programs. The Business Cost Program is intended to help physicians with the rising costs associated with running community offices by paying a flat bonus on top of each office-based or consultative service provided by all physicians in any community in Alberta. The Communities in Crisis Program addresses the challenges of recruiting physicians to live and practice in communities in crisis. The Tri-Lateral Master Agreement expired March 31, 2011, resulting in these programs being reported separately.

Discrete Count

The discrete items are only counted once.

Discrete Patients

The number of individuals registered with the AHCIP who received at least one basic health service paid on a fee-for-service basis by the AHCIP. Discrete patients are only counted once. Individuals who are registered with the AHCIP but did not receive any services in the current year are not included in the discrete fee-for-service patient count, but are included in the registration data. Unless otherwise noted, the data in the Statistical Supplement are based on the number of discrete patients.

Discrete Service Providers

The number of practitioners who provided at least one service payable under the AHCIP. Discrete service providers are only counted once.

Double Dash (--)

Represents a non-zero value; actual value was too small to be shown.

FP

Family Physician.

FTE

Full-time equivalent.

Fee-for-Service

A standard business model in which services are unbundled and paid for separately. In the health insurance and health care industry, fee-for-service refers to practitioner payments for individual services such as office visits, procedures or other health services.

Fiscal Year

April 1 of one year to March 31 of the following year.

GP

General Practitioner.

Health Zones

Alberta is divided into five continuum zones for the ease of management of the delivery of health care services by Alberta Health Services.

Insured Services

Physician and dentists/dental specialist/oral surgeon services as defined by the *Canada Health Act* and the *Alberta Health Care Insurance Act*.

Local Geographic Area

Local geographic areas (LGA) refer to 132 geographic areas created by Alberta Health and Alberta Health Services. LGA is defined based on the multiple characteristics listed below:

- population density;
- distance from urban centres or major rural centres that provide a variety of services (health and non-health);
- local knowledge about the population, industry type, municipalities, resources, infrastructure, schools, etc. ;
- travel patterns of populations seeking services (health and non-health); and
- place of work and commuting behaviours.

Medical Assessments

Primarily office visits and consultations.

Medical Reciprocal Program

The process by which Canadian physicians can obtain payment from their provincial health plans for medically required services provided to eligible residents of other participating provinces and territories. Quebec does not participate in the medical reciprocal program.

Medical Services

Services provided by a physician.

N/A

Not available.

n.a.

Not applicable.

Net Payment

The total amount paid by Alberta Health through Non-Group Supplementary plans.

Nil

No change.

Non-Group Supplementary Plans

Supplementary health services coverage administered by Alberta Blue Cross on behalf of Alberta Health for prescription drugs and selected health services.

Number of Services

Some health services listed in the schedules of benefits are paid based on time units. Where applicable, the number of services reported in the tables is the number of time units paid.

Optometry Services

Alberta children (18 years of age and younger) and residents who are 65 years of age and older are entitled to one complete eye exam, one partial eye exam, and one diagnostic test each year. Additional services are paid when specific medical conditions exist or if a physician refers a patient in these age groups to an optometrist. Effective October 1, 2007, coverage was expanded to include certain medically necessary eye care services for all Albertans. Routine eye exams for Albertans 19 to 64 years of age are not covered by the AHCIP.

Other Physician Specialty Categories

Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

Other General Surgery refers to vascular surgery and pediatric general surgery.

Other Internal Medicine refers to clinical immunology and allergy, critical care medicine, hematology, medical oncology, nephrology, neonatal perinatal medicine, pediatric cardiology, pediatric nephrology, rheumatology and respiratory medicine.

Podiatry Services

Podiatry services covered by the AHCIP are paid at a set rate per service (as detailed in the Schedule of Podiatry Benefits), with a maximum annual benefit per patient of $250. On June 1, 2006, a new Schedule of Podiatric Surgery Benefits was implemented. Services under the new schedule are fully covered by the AHCIP, if the surgeries are provided by a podiatrist who has specific certifications, in a hospital or non-hospital surgical facility under contract to Alberta Health Services.

Practitioner

Practitioner refers to physicians and allied health practitioners (dentists/dental specialists/oral surgeons, optometrists and podiatrists) who are registered with the AHCIP and provides basic health services.

Practitioner Payments

Gross fee-for-service practitioner payments made by the AHCIP for basic health services. Represents neither the total income nor the net income of a practitioner. Unless otherwise stated, payment data are reported on a date-of-service basis and include only fee-for-service payments to Alberta practitioners for services provided to Alberta residents.

Primary Care Network

A network of family physicians that uses a team approach with other health care professionals to coordinate primary care for their patients. A Primary Care Network receives program funding in addition to fee-for-service or Alternative Relationship Plans.

Recipient Location

The health zone where the person who received the health service lived at the time of service based on AHCIP registration data.

Registration

The number of single and family accounts registered with the AHCIP; one person (as in single coverage) or two or more people (as in family coverage).

Registered/Insured Persons

Alberta residents insured under a program and therefore entitled to receive benefits.

Reporting Dates

Data are reported on a date-of-service rather than a date-of-payment basis. Practitioners have 180 days from the date of service to submit claims to the AHCIP for payment.

Service Event

The reporting of a service provided by a practitioner.

Schedules of Benefits

Schedules of practitioner services and fee-for-service rates paid by the AHCIP. Includes the general rules, procedure list, fee modifier definitions, price list and explanatory codes. The Statistical Supplement includes data for five distinct benefits schedules (medical, oral and maxillofacial surgery, optometry, podiatric surgery and podiatry).

Service Location

The health zone where a health service was provided.

Types of Services

The types of service reported in the fee-for-service payment tables are based on the health service codes from the relevant schedules of benefits and include all payments made for the service regardless of the practitioner's role.